

Disorganised attachment in the mother-child dyad: a Rorschach case
study

by

Wendy-Leigh Greyvensteyn

A mini-dissertation submitted in partial fulfilment of the requirements
for the degree

MA: Clinical Psychology

In the Department of Psychology at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

Supervisor: Dr. Maurice Aronstam
Co-Supervisor: Mr. William Griffith

January 2009

TABLE OF CONTENTS

<u>TOPIC</u>	<u>PAGE</u>
<u>Chapter One : Literature Review</u>	2
Main Tenets of Bowlby's Theory	2
Different Styles of Attachment	7
Disorganised Attachment	8
Effects of Disorganised Attachment on Development	12
Emotional Regulation in Attachment	19
Disorganised Attachment and Organisation of Emotion	28
<u>Chapter Two : Proposed Methodology</u>	32
<u>Chapter Three : Data for the Dyad</u>	43
Clinical History	43
The Marshack Interaction Method	49
The Use of the DAP and KFD	52
The Caregiving Helplessness Questionnaire	56
<u>Chapter Four : Interpretation of Rorschach Data</u>	58
The Child's Data	58
The Mother's Data	66
<u>Chapter Five : Discussion of Rorschach Results</u>	72
<u>Chapter Six : Final Discussion and Summary</u>	85
Conclusion	91
<u>References</u>	93

CHAPTER ONE

LITERATURE REVIEW:

Introduction:

In order to provide an adequate explanation of disorganised attachment, the focus of this study, it is necessary to give an overall view of attachment theory and how this led to the concept of disorganised attachment. The structure of this chapter will proceed from a general view of attachment theory to the division of attachment patterns into classifications in terms of the work of Ainsworth. The next section will review disorganised attachment as a construct in itself and the effects of this form of attachment on the development of personality and psychological functioning. Due to the fact that the main focus of this research will be on the Affect Cluster of the Rorschach, a section on emotional regulation according to early attachment theorists will be provided. This is done in order to lay the foundation for how the Affect cluster variables will be interpreted and analysed through the lens of attachment theory. Although there is prolific research available on emotion, affect and attachment, the scope of this study will be confined to the theorists mentioned in the literature survey. The last section of this chapter will then consider the organisation of emotion within disorganised attachment.

Attachment Theory according to Bowlby

John Bowlby (1969) postulated that the manner in which a child behaves towards his/her mother, both in her presence and especially in her absence, provides fundamental information about how the personality of the child is developed and structured. In this way, Bowlby worked differently to conventional psychoanalysts of his time, such as Sigmund Freud, who initiated theory about clinical syndromes, like depression, and made hypotheses about possible processes that may have contributed to their development. Bowlby's theory uses an event, such as the loss of the mother figure, as the point of departure, and traces psychological and psychopathological processes that may have developed as a result (Bowlby, 1969).

The main tenets of Bowlby's Attachment Theory:

Bowlby based his theory largely on ethology – the study of animal behaviour and the process of animal attachment formations (Bowlby, 1969). It was also through the use of ethology that Bowlby was able to observe the possible effects of separation, loss, or emotional deprivation on the process of the bonding relationship (Bowlby, 1969). Attachment behaviour was thus seen by Bowlby as a biological function regulating proximity and distance from a mothering figure. The process of attachment was seen as something that occurred when certain behavioural systems were activated. These behavioural systems themselves were believed to develop within the infant due to his/her interactions with the environment, especially interactions with the mothering figure within that environment (Bowlby, 1969). The behavioural systems were seen as functioning at an evolutionary level to protect the infant from physical harm as well as distress and emotional arousal.

The attachment behavioural system was thought to be a system of protection for the child against any environmental factors that could pose a threat, thereby heightening the chances of the child surviving the danger. The behavioural fear system was also thought to be an important system for signalling the presence of a threat. This threat then activated the attachment system because any form of threat in the environment would cause the child to seek proximity to the caregiver as a form of protection. It is when the attachment system does not provide safety that problems within the attachment system arise. When the threat from the environment is alleviated, the fear and attachment system is deactivated, allowing the child to decrease proximity to the caregiver. For the infant's survival to be ensured, there needed to be a biological and evolutionary manner in which the infant could ensure proximity to the caregiver. The infant would behave in ways that would attract attention and cause the caregiver to interact with the infant; Bowlby saw this behaviour or response as biologically inherent to the infant.

Bowlby stated that the limbic system was the site of developmental changes that were associated with attachment behaviours, and therefore attachment

experiences were also encoded biologically. Not only did the infant have an inherent bias towards maintaining proximity to the caregiver, but the caregiver was seen as having an inherent bias towards protecting the infant from situations that would potentially be dangerous to their survival, and thus altering the situation to ensure safety. The infant is constantly aware of the caregiver's location, and when the infant is threatened by illness, hunger, fatigue, or anything frightening, this results in higher levels of activation of the infant's attachment behavioural system. In this way, attachment theory focused more on the caregiver's ability to protect the infant and provide safety for the infant (Bowlby, 1969). According to Lyons-Ruth, Bronfman and Atwood (1999) in George and Solomon (1999), research has shown a number of physiological responses to fear within the attachment system, including an increase in stress hormones e.g. cortisone. Therefore, the proximity within the attachment system mediates and reduces the infant's sense of fear as well as the physiological manifestations that accompany this fear. Lyons-Ruth et al (1999) in George and Solomon (1999) have postulated that the attachment system therefore acts as a 'psychological immune system' (p. 36). It buffers the effects of psychologically stressful situations as well as maintenance of the psychophysiological arousal within the acceptable limits. According to this model, the effects of traumatic attachment-related events are, ideally, mediated in some degree by the security, comfort and soothing that is given within the child's relationship with the caregiver.

During the first year of the child's life, he/she uses a repertoire of behaviours, for instance, crying, to signal the need for proximity to a specific caregiver. In this way, his/her behaviour has become goal-directed. However, although the specific caregiver to which the child requires proximity is normally the mother, it need not be only the mother; it could be any individual who is consistently available to the needs of the infant (Bowlby, 1969). It is when there are threats to the safety of the infant that the need for proximity is evident, and behaviours to elicit this response from the caregiver are then demonstrated. When an infant feels secure, the caregiver is present, and his/her goal-directed behaviour has been met by proximity to the caregiver, he/she will feel more able to explore the environment and only re-establish closeness when

threatened (Bowlby, 1969). In the case of separation from the attachment figure, or in unfamiliar circumstances, there will be a natural increase in physiological arousal in all infants which should elicit a goal-directed response from the infant to re-attain proximity and protection (Bowlby, 1969). In this sense, attachment theory postulates the dependence of a weaker individual on one who is stronger and more able to provide security and protection (Goldberg, 2000). Furthermore, the need for proximity provides a sense of security on a physical basis, as the physical proximity to the caregiver provides the child with close bodily contact and enhanced security.

Another essential component of Bowlby's theory was his focus on the development of an individual's internal working models, the cognitive and relational 'maps' of one's environment through which the individual learns to perceive their world and acquire knowledge (Bowlby, 1969). The formation of these internal working models begins from early in infancy and continues throughout life, with some aspects being malleable to change, and other aspects being resistant to change. Each individual possesses an internal working model of a particular relationship. This model includes both aspects of self and aspects of other, as well as the expectations and experiences within that relationship. Naturally, the effects of early relationships and attachment formations play the most integral role in the formation of the internal working model, and those facets of the early attachments that are not available to consciousness are most resistant to change (Goldberg, 2000).

A key constituent of an internal working model is, therefore, who the individual's attachment figures are, where they are likely to be found, and how they will be likely to respond in the course of a relationship (Bowlby, 1969). The second key constituent will be the internal working model of self – how acceptable or unacceptable self is to the attachment figure. This awareness of self, and other, forms the basis of how an individual will determine the likelihood of attachment figures being accessible and responsive to his/her needs in times of distress or need. It will also form the basis of whether an individual recognises attachment figures as being available, as well as the extent of that availability. In the case of frequent unavailability, it is plausible to assume that the individual will react

to attachment figures with a fearful and mistrustful response. It is clear that the theory of internal working models hinges on two main factors: from the early months of an infant's life, he/she will learn that the attachment figure will either be present or absent in times of need; secondly: that even if that person is present he/she may not actually be available and responsive to the needs of the individual. Up to the child's third year of life, it is the presence of the attachment figure that is the most dominant influencing factor, while after the age of three, the availability and responsiveness of the figure becomes more salient (Bowlby, 1969).

Confidence that the attachment figure will respond either responsively or with absence will depend on two factors:

1. whether or not the attachment figure is judged to be someone who either does or does not respond favourably to the individual's needs based on previous encounters, and
2. whether or not the self is judged to be the type of person to which the attachment figure, or anyone, will be likely to respond to favourably – whether or not the individual is 'worthy' of such treatment.

This results in the model of self and model of other developing as complementary and mutually confirming.

It is not difficult to deduce that an absent and/or unresponsive attachment figure during formative years leads to a maladaptive internal working model of self and other. In this way, a child who does not feel 'wanted' by his/her parents will believe that he/she is basically 'unwanted' by society and people in general; this affects the internal model of self and the two become reciprocally influential and highly resistant to change (Bowlby, 1973). The internal working model of self and other is thus representative of the cognitive components that are seen to control the attachment and fear systems. These models are mental representations of the attachment figures, of the environment, and of the self, and are integral to the processing of social information, perception and emotional regulation (Maier, Berier, Pekrun, Zimmermann, Strasser & Grossman, 2005).

Different Styles of Attachment:

Ainsworth and associates (Ainsworth, Blehar, Waters & Wall, 1978) built on Bowlby's ideas around attachment theory. Their focus, however, was primarily on the bonding process of attachment formation as opposed to the biological basis of attachment. However, the biological basis of attachment was recognised by Ainsworth, as she referred to attachment as being more than overt behaviour and that 'it is internal, built into the nervous system in the course and as a result of the infant's experiences of attachment with the mother' (Ainsworth, p. 429, 1967). Ainsworth et al (1978) also identified four phases in the development of attachment that differed slightly from those of Bowlby's. Ainsworth's phases of attachment are as follows:

1. The Initial Preattachment Phase
2. The Phase of Attachment in the Making
3. The Phase of Clear-Cut Attachment
4. The Phase of Goal-Corrected Partnership

Ainsworth et al (1978) created an experimental situation in which they were able to observe the behaviour of infants when they were separated from their mothers, were faced with the presence of a stranger, or with being in an unfamiliar environment. This experimental situation was known as the 'Strange Situation' and assisted the researchers in classifying infants in terms of their patterns of behaviour in the strange situation. The wide diversity of behaviours observable by the researchers were categorized into three main types of attachment behaviour: secure, avoidant and resistant/ambivalent attachment styles.

In the avoidant pattern of attachment, the infant was observed to have shown few displays of affect when separated from their caregivers. They often focused their attention on inanimate objects or toys instead of seeking proximity or comfort from their caregivers or the stranger. Some infants even averted their gaze from their mothers and avoided eye contact with them (Ainsworth et al, 1978).

The resistant/ambivalent pattern of attachment behaviours alternates the seeking of proximity and contact with behaviours depicting anger. In some instances, the infant would signal a desire for proximity by lifting his/her arms to be held, and once the mother obliged with this cue, the child would arch his/her back in resistance to the proximity. Instead of being comforted by the caregiver after a period of separation, the infant in this subgroup was not easily soothed and often remained tearful for the rest of the test period. This group of infants also resisted being comforted by a stranger (Ainsworth et al, 1978).

Lastly, secure attachment is the ideal pattern of attachment behaviour in which the infant seeks comfort and proximity with the caregiver without the display of avoidant or ambivalent behaviours. These infants allowed themselves to be comforted by the caregivers sufficiently to venture a return to exploration of their environment. The infant preferred the presence of the mother to that of the stranger; however they were not resistant in the presence of the stranger (Ainsworth et al, 1978).

Disorganised Attachment:

Ainsworth and colleagues thus identified three main patterns of attachment behaviours from their observations within the 'Strange Situation'. However, Main and Solomon (1986) recognised an array of behaviours present during the 'Strange Situation' that were not explained by the delineation of Ainsworth's three attachment patterns. These previously unrecognised behaviours included those displayed by infants who appeared to be apprehensive and fearful of their caregivers. On the caregivers' return – after a brief separation - within the 'Strange Situation', the infants would respond with a display of strange types of behaviour, like falling huddled to the floor, placing their hands over their mouths or hunching their shoulders. Main and Hesse (1990) also found that parents often entered 'altered states of consciousness' where they seemed to almost enter a dissociative state when discussing past experiences of early loss or trauma (during the Adult Attachment Interview). This indicated the presence of disorganised attachment between them and their parents as well. These parents were found to be more likely to engage in behaviour that was frightening for their child, and/or behaviour that reflected the caregiver's own

fearful state towards their child. In this way, a strange mechanism begins to unfold, in which the caregiver, who is meant to be the source of comfort for the child, becomes a source of alarm and fear for the child, which arouses contradictory responses.

These contradictory responses are characterised by the child requiring comfort, thus approaching the caregiver, but fearing the caregiver's response in that exchange. These contradictory responses result in the child having an inherent contradictory tendency to approach the caregiver for comfort, but simultaneously to flee from the caregiver in fear. This is known as the experience of 'fright without solution' (Main, 1995). Under these circumstances, there is a collapse of the normal behavioural strategies available to the infant in meeting the infant's needs, and the infant will most likely engage in interrupted and incomplete behaviours. Thus, the infant lacks a coherent strategy for coping with stress (Lyons-Ruth and Jacovitz, 1999).

For this frightening or frightened behaviour, by the caregiver towards the child, to result in a disorganisation of the child's attachment strategy, two criteria must be met. Firstly, instances of this behaviour must either be pervasive and demonstrated to the infant repeatedly. Secondly, they must be profound and severe enough to still have a major impact on the infant, even if occurring in more isolated instances. Furthermore, for these events to be disorganising, the behaviour must occur in a manner that does not receive any monitoring or reparation by the caregiver (Lyons-Ruth et al in George & Solomon, 1999).

There are many instances in which a child may experience trauma; however, the caregiver's ability to soothe and comfort that trauma becomes the mediating influence between an organising and disorganising pattern of attachment. If the caregiver is, herself, disorganised by the infant's fear response, she will not be able to provide a haven of safety for the child, and she will most likely not be able to guard against further instances of threat to the infant. Therefore, when the caregiver has not been soothed and comforted against her own trauma by her own caregiver, she will feel helpless in rendering comfort to her child, as the child's distress will remind her of her own unresolved fearful affects. When the

caregiver is dealing with her own sense of unresolved fear and trauma, she will be far less likely to hear, respond to, and modulate the infant's fear-related affect. A caregiver whose behaviour continually provokes fear in the infant/child will be far less likely (or able) to recognise and respond to her infant when the infant demonstrates a fear response, as she is not even aware of the effect of her own fearful behaviour on the infant/child (Lyons-Ruth et al in George & Solomon, 1999).

The dysregulation of the attachment system has also been seen to occur in rhesus monkey studies in which the caregiver was largely absent, therefore the soothing responses of an adult attachment figure were non-existent and the fear responses of the infant were never adequately soothed. Therefore, in attachment systems in which the caregiver or parent is unresponsive, absent or withdrawn from the infant e.g. in caregivers who are depressed, the attachment system will also become disorganised. This pattern is often observed in mothers who describe themselves, or who are described, as helpless within the caregiving attachment relationship (Lyons-Ruth et al in George & Solomon, 1999).

Hesse and Main (2000, p. 3) define disorganised attachment as "behaviour that is expectable whenever an infant is markedly frightened by its primary haven(s) of safety i.e. the attachment figure". This would suggest high rates of disorganised attachment in infants who have been maltreated, which has been corroborated by researchers who have found that 80% of infants in maltreated samples have been classified as disorganised (Lyons – Ruth and Jacovitz, 1996). Main and Solomon (1990), as cited in Lyons-Ruth, Bronfman and Atwood (1999), define disorganised attachment as the term used to describe an array of odd, fearful and contradictory responses shown by infants when they are in the separation and reunion events during the 'Strange Situation'. These infants do not seem able to maintain strategic and flexible attachment behaviours that are normally observed in the organised ambivalent or avoidant patterns of attachment. Therefore, there is a dysregulation of behavioural and physiological responses, the latter being observable in an increase in cortisol levels (Lyons-Ruth et al, 1999). A high correlation between disorganised

attachment and different forms of abuse has been found, and serious risk factors have been found to predispose families to the development of disorganised attachment e.g. child maltreatment, parental psychopathology and parental substance abuse.

According to Lyons-Ruth and Jacovitz (1999), the role of fear and the infant's response to situations that arouse anxiety is essential to the understanding of disorganised attachment. Recent studies have questioned whether other factors such as differences in temperament and emotional reactivity in infancy are precursors of disorganised attachment. However, Main and Solomon (1999) as well as Fonagy, Steele and Steele (1997), have shown that it is unlikely that infants will be classified as having disorganised attachment with more than one caregiver. This would suggest that the formation of disorganised attachment is more a response to the caregiver's treatment of the infant than the infant's inherent temperamental or inborn characteristics (Main and Solomon, 1999).

Hesse and Main (2000) found that most infants that come from a family in which there is abuse, or where the caregiver has suffered divergent forms of abuse within his/her childhood, will be classified as exhibiting disorganised attachment. There are more subtle forms of parental behaviour that arouse fear in an infant/child, including instances in which the parent engages in frightening behaviour e.g. dissociative states. It is suggested that disorganised attachment may be a second-generation effect of the parent's own responses to unresolved childhood trauma (Hesse and Main, 2000). This unresolved loss or trauma from their own life histories often manifests in depression. Much research has been aimed at the relationship between maternal depression and disorganised attachment, as these mothers are regularly shown to be more irritable and inconsistent in their caregiving abilities (Lyons-Ruth and Jacovitz, 1999). Of major concern, however, is the effect of disorganised attachment on the development of the child in later years. It has been shown that infants classified as disorganised are most commonly diagnosed with disruptive/aggressive or dissociative disorders in middle childhood, and that

disorganised attachment is the greatest predictor of later psychopathology (Hesse and Main, 2000).

The effects of disorganised attachment on development:

Disorganised attachment has been shown to have an effect on many spheres of development as evidenced by an array of studies that will be discussed in this section. Main and Cassidy (1988) surveyed a group of six year old children who had been previously classified as having disorganised attachment through observations in the “Strange Situation”. They found that some children had assumed a controlling and punitive stance towards their parents in which the child seemed to reverse roles with the parent. Other children seemed overly concerned for their parents’ well-being and became inappropriately solicitous. Children also seemed to ‘assist’ their parents in directing the parents’ attention e.g. children finished sentences for their parents instead of the parent fulfilling that role for the child. Kaplan and Main (1984, 1986) found that children previously categorised as disorganised were more likely to include bizarre and frightening components in their family drawings e.g. body parts floating around, dark clouds descending on the family, or even skeletons present in the drawing.

In other studies of disorganised attachment (Hann, Castino, Jarosinski & Britton, 1991) mothers were found to have significant impairment in the ability to engage in affective communication with their children. The children were more inclined to initiate aggressive interaction with their mothers and to refuse to engage with their mothers when their mothers attempted to make social contact. This group was also the least likely of all attachment styles to initiate social interactions with their mothers. The mothers within disorganised attachment were not affectionate with their children and were unable to demonstrate any form of affection. Easterbrooks, Lyons-Ruth, Biesecker, and Carper (1996) found that mothers in disorganised attachment dyads were less emotionally available than other mothers and showed the least amount of reciprocal and balanced communication towards their children. It has been widely researched that the affective environment of a child is related to the child’s ability to mediate different cognitive functions (Piaget, 1981). It has also been established that disturbances in emotional regulation or affectivity have

been correlated with a loss of self-esteem as well as a reduction in children's abilities to perform cognitive functions (Inhelder, 1968). This clearly has a considerable impact on the child's ability to recognise process and engage with affective material and subsequent thought processes.

As mentioned before, some of the most recent research (George & Solomon, 1999) has focused on the manifestation of disorganised attachment in childhood as being represented by a child's controlling behaviour towards a parenting figure – whether it be of a punitive or caregiving nature. Another facet of disorganised attachment in childhood has recently been uncovered, in which the relationship between child and mother, as explained by the mother, has often been described as being 'helpless'. In this sense, the parent has not taken full control of the relationship and the child has either assumed a punitive parental role or a caregiving-parental role. The mothers who participated in the research described the 'helpless' feeling associated with the relationship as either stemming from their own fear of loss of control, or they assumed a 'helpless stance' in which they failed to provide the child with reassurance and protection. In the case of the mother fearing a loss of control, this loss was attributed either to the fact that the child possessed 'precocious positive capabilities' (p. 536) or because the mother was afraid of losing control in the face of the child's unmanageability.

Bowlby (1989) as well as Ainsworth et al (1978) hypothesised that a child's attachment to his/her caretaker will have a large influence on the child's readiness to explore their environment and thus gain knowledge from their environment. Therefore, children with insecure attachment patterns, e.g. disorganised attachment, would be at a disadvantage in gaining skills for controlling and learning from their environment, which would have a negative impact on cognitive development (Jacobsen, Edelstein & Hofmann, 1994). In recent studies, children with disorganised attachment have been shown to display greater cognitive delays than securely attached children or displaying categories of insecure attachment. Children exhibiting disorganised attachment showed the highest levels of agitation and poor concentration as well as inhibition in environmental-exploratory activities (Jacobsen et al, 1994). This

form of cognitive delay and failure to develop some cognitive functions has been shown to persist in longitudinal studies even to the age of 17, although adolescents were able to access high-level reasoning skills when they were provided with supportive emotional conditions. It was also found that children with disorganised attachment showed greater levels of dysregulation in thought process, which was hypothesised to be due to their anxieties about how other people would react to them. Longitudinal studies have shown that disorganised attachment is related to poorer academic performance as well as low academic self-esteem (Jacobsen et al, 1994).

Granot and Mayseless (2001) conducted a study of attachment in middle childhood and its effect on academic/scholastic performance as well as adjustment. They found that children with disorganised attachment showed significant difficulty in adjustment to the school environment. Secure attachment has been associated with greater social competency and higher levels of ego-resilience, which allows for greater adjustment. When these factors are lacking, as in disorganised attachment, fewer adaptive behaviours are represented in school contexts. With poorer levels of adjustment, intellectual, social, emotional and behavioural demands are not dealt with in an effective or adaptive manner. In this study (Granot & Mayseless, 2001), the disorganised group were found to display the most significant scholastic deficits of all the participants. This was demonstrated by their considerably poor emotional, scholastic and social adjustment. They also displayed the greatest prevalence of internalising and externalising behavioural problems. Furthermore, these children experienced noticeably higher levels of rejection and isolation from their peers.

One of the main areas in which the effect of disorganised attachment has been measured is the area of self-concept and perception of interpersonal relationships. Booth-Laforce, Oh, Kim, Rose-Krasnor, and Burgess (2006) have studied self-worth and peer-group functioning as it relates to children during the middle-childhood phase. As described, a child's internal working model of self and of other has been shown to depend on the quality of the attachment with the primary attachment figure e.g. mother. Once this pattern and internal model has been acquired, it is resistant to malleability and carries over into the

experiences that the child has in all relationships (Bowlby, 1969). Thus, these internal models of self and other become stable interpersonal patterns and tendencies which endure over time and also guide later parental behaviour (Lyons-Ruth & Jacovitz, 1999). Therefore, children from insecure attachment patterns are seen to be at risk for developing unstable and erratic relationships with their peers.

Generally, children with disorganised attachment were shown to withdraw in social peer interactions as they assumed unfavourable evaluations and absence of positive interaction within these relationships (Booth-LaForce et al, 2006). Studies have also shown higher levels of aggressive play in children with disorganised attachment, characterised by hostility, low tolerance for emotional distress, temper outbursts and social isolation (Wartner, Grossman, Fremmer-Bombik & Suess, 1994). The internal working model of self in disorganised attachment is thus associated with feelings of worthlessness, incompetence, inferiority and self-degradation which will affect overall development and behaviour (Goldberg, 2000).

Due to the fact that it is often difficult to measure the presence of disorganised attachment in children themselves (Booth-LaForce et al, 2006) the mother's experiences of attachment to her primary caregiver, as well as her experiences of the relationship with her child, are often examined to determine the presence of disorganised attachment in the mother-child relationship. The intergenerational transmission of attachment patterns has shown that mothers of children classified as controlling – explained earlier as a division of disorganised attachment behaviour in middle childhood presenting as either controlling or nurturing – all reported experiences of their own parents engaging in unpredictable, angry and out-of-control behaviour (George & Solomon, Symposium, 2007). George and Solomon (2007) thus suggest that when children enter middle childhood, they may become more challenging towards their mothers. This challenging behaviour will trigger the mother's memories of her own confrontation and fears with her primary caregiver. This process results in the mother either becoming directly confrontational with the child, or in her attempting to control the child's rage by withdrawing and becoming

unresponsive. Either one of these strategies becomes frightening for the child and represents the development of disorganised attachment. George and Solomon (2007) have summarised the characteristics of attachment disorganisation between the mother and child from previous research. The following characteristics are included in the table below.

The mother displays intrusive and hostile behaviour towards the child
There is an element of role reversal in the relationship in which the mother fails to take the executive role
There is a breakdown in interactive co-ordination and communication
The mother may present with some form of depressive symptomology
There is often the presence of marital conflict/dissatisfaction
Parental distress in that the mother describes the child as being unable to adapt, demanding, moody, hyperactive. The mother does not feel emotionally close to the child.
The mother has feelings of helplessness and loss of control in the parent-child relationship

George and Solomon (2007) have designed a questionnaire based on the above-mentioned criteria that is used in determining the level of disorganised attachment in the mother-child relationship, namely the Caregiving Helplessness Questionnaire, which will be used in this research as well.

Lyons-Ruth (1999) hypothesised that disorganised attachment consists of five primary disruptions in parental regulation: parental withdrawal, negative intrusion, role confusion, disorientated responses and a failure to respond to the infant and child's affective signals. It was, therefore, postulated that disorganised attachment was primarily an insecure attachment pattern in which there was a fundamental disruption in the affective communication, affective demonstrations and affective regulation between the mother and the child. This disruption, amongst other effects of disorganised attachment previously discussed, e.g. low self-worth and interpersonal skills, has a significant effect on later development. Lyons-Ruth and Jacobvitz (1999) have found that children in preschool and middle school show greater internalising and externalising problems in behaviour as well as higher ratings of dissociative

behaviour. As discussed, the same study demonstrated that at the age of 17, there was a much higher rate of psychopathology within this group. Furthermore, it has been established that insecure patterns of attachment, in particular the abusive forms of disorganised attachment, are associated with the development of psychopathology and dissociation in adulthood (Greenberg, 1999). Dozier, Stovall and Albus (1999) studied the association between classifications of adult attachment on the Adult Attachment Interview and found that the majority of psychiatric patients were classified as being unresolved/disorganised. Baker, Beech and Tyson (2006) recently undertook research in which adult sexual offenders were studied according to their attachment styles and found that there was a definite link between sexual offending and disorganised attachment, the main mechanism being the presence of dissociative features. The above research highlights the importance of understanding the implications of disorganised attachment in childhood and adulthood, while being cognisant of the way in which this may contribute to treatment, intervention and prevention programs.

According to Lyons-Ruth (1996), there is a significant correlation in the presence of Conduct Disorder as well as Oppositional Defiance Disorder in children from homes in which the use of harsh and inconsistent discipline strategies are incorporated. The presence of such aggression in childhood has begun to be correlated with disorganised attachment as well as maternal alcoholism and depression, to name a few. Lyons-Ruth, Alpern and Repacholi (1993) found that there were three main factors contributing to aggression in at-risk samples of children, namely, infant security of attachment, serious maternal psychosocial problems and maternal hostile-intrusive behaviour towards the child in the home setting. This research further demonstrated that children displaying this form of aggressive behaviour were six times more likely to have been classified as disorganised in infancy. Further research as cited in Lyons-Ruth (1996) shows high correlations of aggressive, oppositional and defiant behaviour with disorganised attachment. The presence of this behaviour within mother-child dyads, where the mother demonstrated depressive symptoms, was also significant in confirming earlier hypotheses regarding the mother's affective absence and subsequent disorganising strategies. This trend often

places children in situations in which they struggle to form and maintain relationships with other children and become somewhat isolated.

Apart from the developmental sequelae already mentioned, there is much evidence to indicate that different styles of attachment have a direct effect on the development of the brain. According to Schore (2000) the neuropsychobiological data available for the study of emotional development and affect regulation is prolific. The research has shown that the development of the brain is dependent, and based on, experience. Therefore within the first years of life, the attachment relationship is the avenue within which experience is gained and therefore through which the brain develops. The infant's brain is then extremely vulnerable to early trauma, especially that of an interpersonal or social nature. Therefore, in instances in which the infant is not in a relationship in which he/she has a sense of emotional security, the effect on the brain will be significant.

Schore (2000) has explained how important the role of the primary caregiver becomes in co-regulating the child's facially expressed emotional states. In this way, attachment is often referred to as the dyadic regulation of emotion, and the healthy regulation of emotion becomes essential to the development of the child in later years. Therefore, optimally, the primary caregiver should be able to maximise positive emotions and minimise negative emotions in order to regulate affective states which encode aspects of affect regulation into the internal working model of self and of other. This experience of emotion is encoded physically in the brain as the manner in which emotion is regulated, mainly situated in the orbitofrontal cortex, which is referred to as the centre for control of emotion (Schore, 2000).

Schore (2000) states that research to date has now shown that infants store and process emotional stimuli disproportionately in the right brain compared to the left brain. The infant, therefore, will rely mainly on procedural memory systems in the first 2-3 years of life. Therefore, the right brain contains the memories of the past, and is referred to as the 'cerebral representation of one's

own past'. This then suggests that the internal working models of self are stored in implicit-procedural memory stores in the right brain.

Studies have shown that about 80% of infants that are classified as having disorganised attachment also show strong physiological correlates. These infants have the most rapid heart rates in the 'Strange Situation' assessments; they also have the highest cortisone production (the stress hormone) of all the attachment classifications. This has a potentially detrimental effect on the development of the hypothalamo-pituitary-adrenocortical stress response, causing low stress tolerance. This leaves the infant in a chronic state of stress, in which they are unable to find a coherent behavioural coping strategy for stressful situations. Furthermore, the regulation of affect that is learnt in reaction to the mother's affective state is also stored in the brain as a pattern on which regulatory strategies are formed. From 7-15 months, the infant is at the stage in which the myelination and maturation of the limbic systems are most sensitive to stress.

The question arises, of course, about what influence this development of the brain will have on later development in the infant. Studies have continuously shown that the physiology of disorganised attachment is pervasive and continues to influence the child's development. In cases in which there is not a corrective emotional experience in which the brain circuits are modified, the child will continue to have increased stress responses, influencing their ability for adaptive emotional regulation.

Emotional Regulation in Attachment – The Main formative theories

According to Thompson (1994), pioneering research into the development of emotions and their influence on the development of one's personality has been prolific over the recent years. However, recently, it has been an emphasis on emotional regulation that has sought explanation. This is due to the fact that research has shown that not only does emotion play a formative role in personality structure, but there is a huge variation in how different individuals experience emotion. People display great difference in the intensity, persistence, modulation, onset, range, as well as recovery from emotional

responses. The manner in which these emotions are discharged has an impact on many facets of their lives, but is also indicative of early developmental functions present in the primary relationships in which emotions were given meaning – whether adaptive or maladaptive (Fonagy et al, 1995).

Thompson (1994) has supported this notion by indicating that emotional development is dependent on many processes, which include the selective reinforcement and modelling of emotions as well as expressions, as well as the social context in which one operates. It is through the parent-child relationship that children are taught about emotional regulation and the service of emotion in attaining goals. Therefore, parents teach children which emotional responses are appropriate for attaining specific reactions and goals within the parental relationship as well as the greater society. As a result of this form of socialisation, children form emotional schemas of operating, through which the consequences of displaying certain emotions can be predicted and anticipated.

In this way, ‘emotional experience derives from an interaction between biologically based emotive processes and the socialised monitoring, evaluative, and regulatory processes by which emotional experience is interpreted and managed in culture-specific ways’ (Thompson, 1994, p.3). It is through learning the skill of regulating emotion that a child will integrate, from an early age, those behaviours. Therefore, emotional arousal can be seen as either enhancing or undermining effective functioning. This will have a direct influence on functions such as social adaptation, cognitive performance and the pursuit of goals. Therefore, in order for emotions to play an optimal role in the organising and constructive functioning of a person, they need to be flexible and adaptive to different environments, situationally responsive and performance-enhancing versus over or underarousing. These tasks can then only be achieved by means of emotional regulation: how emotions are regulated to be adaptive in one’s life.

The role of emotion in psychopathology and maladaptive behaviour is a topic that is widely discussed among researchers in this field (Field 1994, Thompson, 1994, Fonagy, 1995, Lyons-Ruth, 1994). Most clinical models of

psychopathology focus on the aspects of emotionality that can become implicitly or explicitly problematic. Therefore there is the common assumption that an awareness and flexible control of emotional states is indicative of adjustment and success in therapeutic interventions. Although emotional regulation is not viewed as the main predictor of pathology, emotion and emotion-related events are still paramount factors in the aetiology of maladjustment as well as therapeutic change. In this way, emotions can be both organising and disorganising, as emotion can regulate a person adaptively, but can also be a contributing factor to dysregulation. The way in which a person manages to regulate emotion becomes a part of his/her personality, and under certain conditions, these patterns of emotional regulation can have an adverse effect on the person's optimal functioning, which may eventually contribute to pathology. When effective emotional regulation is not present, this may disrupt other processes such as the attention a person is able to give to their environment or the way in which they behave in a social context. When the regulation of emotion leads to such disruption, then emotion has a dysregulating effect.

The prevalence of dysregulatory emotional processes and the link to pathology is clear within the current diagnostic and statistical manual, in which some of the following symptoms are listed as being dysregulatory: inappropriateness of affect, chronic worry and tension, the blunting or avoidance of emotion, constricting affect as well as the predominance/suppression of specific affects. Furthermore, the other influences of emotion that have been proven range from relapse in clinical problems to the effects that emotions can have on adequate thinking processes (Field, 1994). This is an important concept and will be discussed in greater detail in the later chapters.

The capacity to cope with more distressing emotions can be buffered by the presence of an understanding or supportive parent or significant other. Conversely, when uncaring or denigrating responses are anticipated by a child from an adult, this may cause the child to restrict the range and vitality of their expressions of emotion or to have great difficulty in coping with strong arousal. This could possibly lead to other manners of handling this emotion e.g. through

explosive outbursts of emotion (Thompson, p. 19, 1994); therefore, an infant will learn how to disguise or enhance emotional expression within a relationship based on how they perceive the significant other's availability and sensitivity to them. This becomes organised in the personality and entrenched as the child matures with age.

Research (Cassidy, 1994; Fonagy, 1995; George & Solomon, 2007; Lyons-Ruth, 1999; Schore, 2001; Thompson, 1994) has therefore shown that the influence of early relationships on the formation of personality, with special reference to emotional regulation, forms a fundamental component of the development of later psychological functioning (Main & Hesse, 1998; Fonagy et al, 1995; Solomon & George, 1999). Children whose parents suffer from affective disorders – whether it is emotional unavailability or the modelling of negative attributional styles – are at heightened risk for the development of severe problems in the regulation of emotion. The parent-child relationship therefore constructs the child's perception and evaluation of emotionally arousing situations, as well as the resources available to them for regulating the emotion. Therefore, when the parent has not created an adaptive environment in which emotion can be mirrored, processed and reflected, the child will not be equipped in devising appropriate strategies for modifying their own emotion and will therefore lack confidence in the efficacy of the strategies to which they resort. Therefore, the effects of such processes are most visible in children who have been maltreated by their parents; these children often display an array of symptoms such as depressed affect, heightened lability and anger outbursts.

As discussed, emotions can be regulated as an adaptive means of achieving one's goals or as an organising strategy for behaviour. As Bowlby has explained (Cassidy, 1994), a central and integral biological goal for a child is to maintain proximity to an attachment figure, and therefore, a child would be expected to regulate his/her emotions in order to achieve this goal.

Earlier in this review, the concept of internal working models was discussed as schemas developed in the infant's first year of life formed from the repeated daily experiences that this infant has in relation to the parental figure.

Therefore, the different attachment representations are postulated to develop in relation to certain experiences within the parent-child relationship, one of which includes the experience of emotion. For example, a child with a secure attachment style will have the expectation of his/her emotional signals being responded and attended to by the caregiver. Conversely, an insecure pattern of attachment would suggest a pattern whereby the child develops the expectation that his/her emotional signals will be selectively responded to (Ainsworth et al, 1978). Therefore, the affective communication between a child and a parent will be the vessel through which a child begins to understand and organise affective experiences. If a child demonstrates distress and the parent responds to this distress, the child will learn that this form of behaviour successfully alerted the parent, which will confirm the child's sense of efficacy in modulating his/her emotion. When there is the presence of fear, anger or negative affects, the child expects this to be met with an ameliorative response from the parent, so that the sense of security comes not from the denial of negative affect, but rather on the ability for these affects to be tolerated temporarily in achieving mastery over threatening and frustrating situations.

As Tomkins (Cassidy, 1994) has postulated, the optimal developmental outcome with regard to emotional regulation is achieved when there is open acceptance of many emotions within the child. Therefore, an 'affectively balanced personality' is one in which no one emotion is dominating nor suppressed, thereby providing a balance and range of emotions. Tomkins (1994) states that this can be achieved by the parent's acceptance of negative emotions, instead of the suppression thereof. When parents continue to be engaged through mirroring the negative emotions of a child during times in which there is anger and sadness, they provide assistance and facilitation of how to deal with these emotions in a constructive manner (Fonagy et al, 1995).

Stern (p.8, 1985) has therefore highlighted the need for there to be 'affective attunement' in the mother-child relationship in which the mother is able to recognise the infant or child's affective signal and to accept and share these with the infant. When the mother provides this function for the infant or child, the child learns that these emotions are acceptable and can also safely be

shared within social relationships. When the mother is not able to fulfil this function due to her own needs or 'perceptual biases', she will either attempt to dampen or heighten the infant's affect, which demonstrates to the infant that only some emotions (the emotions the mother has then displayed through this heightening or dampening) are acceptable and appropriate. In this way, the extent to which the mother heightens or dampens the emotions that the child demonstrates has an impact on the development of how the child regulates and experiences emotion.

Main and Solomon (Cassidy, p. 9, 1994) have postulated that children who minimise their emotions are mostly those children whose activation of the attachment system has resulted in constant rejection of their needs. Therefore, the child develops a strategy in which they minimise their emotions so that there is less attention given to the attachment relationship. This minimises the importance of the attachment relationship by reducing the need for the caregiver as a source of comfort. In this way, the relationship between the child and the caregiver has been minimised and emotions such as anger, sadness and distress are minimised so that the infant can maintain a certain level of proximity to the caregiver that ensures some form of protection from the environment.

When negative emotions are heightened, the infant learns that this is met with rejection from the caregiver and thus the minimising of emotion is used in order to preserve the attachment relationship. The infant then finds him/herself in a difficult position in which the overt expression of anger towards the attachment figure may result in further rejection, whereas the display of clingy and demanding behaviour also results in rejection. Therefore, according to Bowlby (1980), the infant learns that the masking of any form of negative emotion prevents the overt and possibly damaging expression of anger from the attachment figure. In this way, it is likely that this infant will constrict emotions more stringently than is developmentally optimal. Research within the 'Strange Situation' assessments found that infants characterised by this form of emotional regulation (most characteristic of the insecure avoidant type) had a tendency not to display any of their sad feelings when in the 'Strange Situation'

but rather would only turn to their caregivers at times in which their emotional arousal was low. The research showed that, although the infants still felt the emotion of sadness or anger (from their facial expressions) the outward manifestation of this emotion was not present. This masking of negative affect was still noticeable at the age of three and seems to ensure a pattern of emotional regulation throughout childhood – which is congruent with Bowlby's tenets regarding the internal working model of self and how this forms the blueprints for later relationships and interactions.

When it comes to the maximising, or heightening of emotion, the regulation of emotion and manifestation of behaviour is markedly different from that of the minimising type. When children and infants have been exposed to a parent who is either minimally or inconsistently available, the child learns to heighten emotional expression as a means of gaining the caregiver's attention. The child therefore heightens the importance of the relationship in order to maintain proximity of the attachment figure and thus increases displays of dependence on the attachment figure. This increase of dependence results in greater attention from the caregiver, which is the goal within this attachment relationship. The pattern arises in which the child engages in more displays of negative emotionality e.g. distress, anger, crying, which draws the attachment figure in. If the child starts to relax and be soothed, the possibility exists that the child will lose the proximity to the caregiver due to the fact that the negative emotionality has decreased. However, this pattern of behaviour can easily become dysfunctional due to the fact that engaging with these negative emotions often interrupts other fundamental developmental tasks such as exploration and autonomy. Clearly, the child will be more attuned to situations that can be interpreted as frightening or dangerous, as this gives rise to the heightening of emotion and the subsequent appearance of the caregiver – however, this has an impact on the way in which the child's attention is regulated. The child begins to shift his/her focus towards situations that can elicit attention and may even be more selectively vigilant towards situations that can be interpreted as dangerous. In this way, the child forms an accurate perception of the fact that the caregiver is most available in threatening situations, but in order to maintain this proximity, the child has to form an

inaccurate and distorted view of his/her environment in order to secure such instances.

As already discussed, the parental figure plays an integral role in how the child learns to regulate emotion. Therefore, the parent's emotional behaviour has a direct correlation to the child's behaviour. Cassidy (1994) has linked the minimising and maximising of emotion to specific parental behaviour and subsequently the child's emotional regulation. The minimisation of negative emotion serves the infant in maintaining the attachment bond and therefore will have an impact on how the child regulates his/her emotions. In essence, the minimisation serves to safeguard the attachment relationship. The expression of negative emotion therefore has an impact on the attachment relationship and the child will begin to learn that the expression of this emotion alienates the caregiver. This rejection becomes even more intense when the negative emotions that are expressed are in relation to the attachment figure as a person – i.e. to show mother that I am angry with her will cause further rejection (Cassidy, 1994). This form of interaction is therefore often devoid of emotional availability, which was seen in the 'draw a person' tests that children completed, in which the family members all looked similar and lacked individuality due to the need for family members to regulate emotions in similar ways. When emotion was portrayed, it was often that of a stereotypical and over-emphasised smile or display of happiness (Kaplan & Main, 1986). This style of withholding affect, especially affect that is negative in nature, is a precedent that the parent portrays in the attachment relationship from early infancy, and a pattern that is perpetuated by the child in order to retain proximity to the caregiver.

Studies focused on children displaying minimising tendencies have shown that the mother and child dyads representative of insecure attachment show a far more restricted range of emotional expressiveness than mothers of children showing secure attachment. Therefore, it is plausible to assume that children may learn to restrict their emotions due through direct modelling of their parents (Cassidy, 1994). When the mothers and children were asked to engage in free play with each other, it was found that the mothers were comfortable to engage

with their children during times of positive affect but that they withdrew in times where the children displayed any negative affect. This pattern was interpreted as teaching the children that negative affect is inappropriate and should not be expressed. This pattern was reversed in studies within secure attachment, where the mother was more likely to engage at times in which the child showed negative affect. Whereas these mothers were accepting of their children's displays of autonomy and separatedness, they were rejecting of their children's need for reassurance and comfort (Cassidy, 1994).

This research focusing on the parental attitudes towards emotion and the regulation thereof demonstrated how the intergenerational transmission of emotional regulation was often evident. Parents who currently restricted negative emotion came from families in which they used idealisation to deny that their own parents or childhoods had any negative characteristics, or the parents would admit some negative characteristics without being able to fully acknowledge their own negative responses to these characteristics. Therefore, in order to keep negativity outside of consciousness, there is likely to be a fair amount of affective and perceptual distortion to achieve this (Cassidy, 1994).

Parents of children who show maximising of emotional regulation show different and almost opposite traits to those seen in the minimising type. In this form of attachment, the importance of the attachment relationship is emphasised to the point that the child's autonomy is undermined. Most of these parents are still stuck in a state of mind that often involves a heightening and often incoherent focus on relationships with their own parents. Usually these parents are still embedded in extreme anger towards their own parents and therefore are not able to process these emotions effectively. This is evidenced in the fact that they will still often fight their parents and describe adverse early experiences in much detail and with distress. Therefore, their preoccupation with previous attachment relationships makes these parents unable to provide their children with completely consistent periods of availability. It has been postulated that these parents fail to assist their children in regulating emotion, as they realise, on an unconscious level, that the prolonged negative emotionality keeps the child enmeshed with themselves. In essence, the longer the child is focused on

the parent with these displays of anger, the longer the child is prevented from moving away from the parent in order to explore their environments. Often the parent will therefore avoid doing what is necessary to resolve their negative affect and distress. This can be seen in the failure of such parents to provide their children with adequate boundaries as well as physical contact in times of distress. It is possible that caregivers are unable to provide a child with comfort at such times because this form of interaction was not modelled for them as children either. When the child engages in maximising behaviour, it provides the mother with a signal that the child desires closeness to the mother, thus emphasising the relationship. The presence of heightened anger and fearfulness shows the mother that the child is involved with her and provides reassurance to the mother that she continues to be needed. This gives the parent the security of knowledge that the child will remain close to her and 'will not become an adult and leave' (Bacciagaluppi, 1985 as cited in Cassidy, p. 245, 1994). Therefore, the presence of negative affect does not serve to demonstrate that there is some problem in the relationship but rather that the child is needy and dependent on the mother (Cassidy, 1994).

It follows from the above discussions that emotional regulation will develop in the context of the early and continuing mother-child relationship and that the mother and child both work towards emotional attunement for optimal development (Field, 1994). Therefore, the disruption of this process and the subsequent emergence of emotional dysregulation will occur when the mother is physically unavailable, or the even worse scenario in which she is emotionally unavailable e.g. when the mother suffers from depression or other psychiatric disorders preventing emotional availability.

Disorganised Attachment and the Organisation of Emotion

As mentioned, these forms of emotional regulation are patterns by which the infant/child regulates proximity to the attachment figure through organised and largely consistent patterns of behaviour (George & Solomon, 1999). Disorganised attachment is a pattern characterised by contradictory, incoherent and inconsistent behavioural responses to stressful situations in which proximity to the caregiver becomes frightening due to the lack of consistent

responses of the caregiver to the infant/child. During the first two years of life, the infants who display characteristics of disorganised attachment will behave in one of two ways in an effort to preserve the attachment relationship. These combinations of behaviour can be understood as the infant attempting to find some strategy that allows for proximity to the caregiver and therefore the preservation of the attachment relationship – which often makes the behaviour inconsistent and contradictory. Infants will combine this form of disorganised behaviour either with behaviour that is typical of secure attachment, or the infant will incorporate forms of behaviour observed in the insecure-avoidant or insecure-ambivalent and the minimising or maximising patterns of attachment (George & Solomon, 1999).

However, as mentioned, these strategies will not secure the attachment relationship with the caregiver. Once this infant enters the preschool years, the cognitive maturity of the child allows for the reorganisation of these earlier patterns. The pattern that develops in childhood is therefore one that is named a ‘controlling attachment strategy’ (Lyons-Ruth et al as cited in George & Solomon p. 34, 1999). This strategy of control is a strategy that has been re-directed away from the child seeking protection, safety and the meeting of the child’s needs towards maintaining connection and engagement with the parent – but on the parent’s terms. Therefore, emotion is processed in a manner that the child assumes will be most acceptable to the parent. This becomes especially difficult to predict in disorganised attachment, as the strategies employed by the child to ensure proximity to the caregiver are not successful. The child is therefore left without an organised and adaptive strategy for modulating, processing and regulating emotion.

The engagement based on control that most commonly then occurs between the child and caregiver is one in which the child shows one of two predominant trends as discussed previously. Firstly, the child may take on a punitive stance towards the parent, namely the controlling-punitive stance, or the child will develop a strategy whereby he/she controls the parent through a solicitous caregiving strategy, namely the controlling-caregiving stance.

As previously explained, the 'Strange Situation' Assessment was the first assessment in which infants were classified as fitting into a specific group of attachment based on their behaviour while uniting with and separation from the caregiver. There were different combinations of these behaviours present in the various infants; however, the main component of these behaviours within the disorganised group remained the incoherent attachment strategies for dealing with stressful situations. Therefore, this form of behaviour was defined as being one in which there was no strategy for dealing with their environment or emotion, and therefore behaviour was not orientated or organised towards obtaining a goal.

According to Hesse and Main (1998), the developing attachment system becomes overwhelmed in the presence of trauma where there is a loss of the attachment figure, which often leads to depression and later difficulties in parenting. Main and Solomon (1998) have indicated research that also showed that the disorganised pattern of attachment was related to an attachment-related trauma for the parent, a trauma that had not been adequately resolved e.g. the death or loss of an attachment figure. The term 'trauma' was used to denote any experience in which there was a sense of intense fear, terror or helplessness. Within the attachment research, any experience that included these components (e.g. sexual, physical or emotional abuse) was sufficient in having a disorganising effect on the attachment system, for the parent as well as the child (Main and Hesse, 1998). Furthermore, the parents of children classified as disorganised, with unresolved trauma, were found to be most likely to engage in frightening or frightened behaviour towards their infants. This frightening/frightened behaviour often resulted in abuse of the child, which was corroborated in studies of maltreated children and infants.

As discussed, there are two dominant strategies observed in children and infants with regard to the regulation of emotion towards attaining a specific goal – minimising and maximising. When reviewing the literature on manifestations of behaviour within disorganised attachment, it is clear that the child often experiences instances of such intense fear or distress, that it is too intense to be dealt with by shifting attention, but which can also not be subdued through

an approach to the caregiver. Therefore, according to Main and Hesse (1990, p. 30) 'the traumatised adult's continuing state of fear together with its interactional/behavioural concomitants (frightened or frightening behaviour) is the mechanism linking unresolved trauma to the infant's display of disorganised/disorientated behaviour.' There is therefore a central difference in the mechanism used by the anxious, ambivalent and disorganised infants: the anxious and ambivalent infants organise their behaviour in a way that ensures the caregivers' proximity by either minimising or maximising their behaviours. These infants have not ever experienced their caregivers as inherently frightening (and if so, these instances have been infrequent and moderate in intensity), e.g. when the parents' displays of rejection have been fairly consistent and nonthreatening. Another distinguishing factor is the intensity of stress that the infant is exposed to – in the anxious and ambivalent infants the conditions in the surrounding environment are only moderately stressful. Conversely, a disorganised infant's fear does not stem from an inability to attain caregiver responsiveness in a stressful situation as in the anxious and ambivalent groups, but rather, their fear stems from the caregiver as the primary source.

No matter which classification the infant falls into, the parental behaviour towards this infant, as well as the quality of the attachment system, has a fundamental and integral impact on later emotional and social functioning.

CHAPTER TWO

PROPOSED RESEARCH METHODOLOGY:

The Aim of this Research:

This research endeavour will aim to analyse the individual Rorschach protocols of a mother and child whose relationship is characterised by disorganised attachment. The analysis will focus primarily on the affective cluster and the variables mentioned later in this chapter.

The Rorschach results of both the mother and child will then be compared to deepen the understanding of the relational dynamics that may be unfolding in the dyad. The Rorschach will be used to provide an indication of the psychological complexity and functioning of the mother and child, as well as the indications of disorganised attachment as interpreted according to attachment theory and the comprehensive system of the Rorschach.

The psychological processes, etiology and patterns of behaviour, as well as the purpose served by these processes, will be considered according to what is reflected in the Rorschach results, as well as other clinical data.

The Use of the Rorschach as an Assessment Tool:

The Rorschach Inkblot test is a perceptual-cognitive measure with projective capabilities that facilitates a better understanding of an individual. There are few measures that can uncover the uniqueness of a person as well as the Rorschach does. This is due to the fact that Rorschach responses are produced by a large range of psychological operations and experiences. The Rorschach also provides information about the different psychological functions that produce observable behaviours. In this way, the Rorschach gives an indication of the individual's psychological structure and personality as well as etiological issues that may lead to that specific structure (Exner, 2003).

The Rorschach Inkblot test is a popular measure for the assessment of unconscious psychodynamic processes and dynamics (Berant et al, 2005). The

Rorschach will also provide individual differences in behaviour and possible etiology behind attachment patterns, without focusing only on explicit behaviour. Therefore, it is anticipated that the Rorschach will demonstrate a representation of unconscious psychodynamic processes as well as a description of psychological functioning in a mother-child relationship that may be characterised by disorganised attachment. This research is purely exploratory and will be analysed descriptively with the hope of generating possible hypotheses around the intrapsychic dynamics and personality structure of both a mother and child whose relationship is characterised by disorganised attachment.

In terms of research using the Rorschach Inkblot test in assessing attachment related subjects, the research has not been prolific. Berant, Mikuliner, Shaver, and Segal (2005) state that much research has focused on attachment according to self-report measures which have been linked to affect, interpersonal behaviour, and cognition – the explicit manifestations of attachment. However, there is a lack of research in the arena of unconscious and implicit processes, implying a lack of focus on the underlying unconscious processes present. Most research has focused on a person's attachment style i.e. secure, avoidant, anxious or disorganised, without specific emphasis on the intrapsychic representations of the attachment patterns.

The Rorschach emphasizes the psychological structure of a person and searches for etiological roots for the symptomatic differences between different people (Exner, 2003). As discussed, research to date has not focused on the structural and psychological characteristics of disorganised attachment. This measure could, therefore, contribute to a deeper knowledge of the psychological structural and dynamic constellation of disorganised attachment.

The Rorschach will provide structural information in a number of facets of the personality, and for the purposes of this research, only a few of these variables will be considered due to the scope of the mini-dissertation. From the research discussed and provided in the literature study, it is clear that one of the main contributors to disorganised attachment is within the realm of affective

regulation and affective modulation. The Affective Cluster in the Rorschach Comprehensive System (Exner, 1997) consists of many variables that measure the way in which emotions and feelings have an impact on the majority of psychological activity. Some of important functions that are affected by emotions are:

- clarity of thinking
- the ability to make accurate judgments
- decision making
- the effect this has on one's behaviour

Therefore, when using the variables of the affective cluster in this research, a number of aspects will be considered, including emotions, affect and the regulation thereof. These aspects will then be related to the mother and child's current psychological functioning and the correlations to attachment theory.

The Use of the Affective Cluster and other Variables from the Rorschach:

Baker et al (2006) have emphasised the apparent disruption of affective regulation by the inability in disorganised attachment to recognise, identify, process and reflect on emotions of self and other. Some of the constructs regarding emotion regulation and processing of emotion can be expressed through the Afr Ratio and FC: CF + C ratios respectively. Therefore, this study will focus primarily on the Affective cluster of the Rorschach in an effort to gain deeper understanding of the regulation of emotion on a structural level.

As discussed in the literature survey, attachment theory has important implications for the development of both child and adult psychopathology. Attachment theory also places emphasis on the role of affective bonding in the process of cognitive, emotional, behavioural and interpersonal development. However, there has not been a large amount of research on the intrapsychic manifestations or the structural implications of attachment (Berant et al, 2005).

Thus, the theory proposed by the internal working model of self or other, as well as the difficulty experienced in affective regulation (Lyons-Ruth & Jacovitz, 1999), largely emphasizes the external behaviours associated with attachment

figures. The unconscious processes and internalised aspects of these experiences with attachment figures have not yielded as much research (Berant et al, 2005).

According to Kerns and Richardson (2005), research has shown that within the disorganised attachment profile of children, there may be divergent etiologies for the development of this form of attachment. For example, the loss of a parental figure early in childhood, abuse, or the experience of the parent being absent for an extended period of time may all result in disorganised patterns of attachment. These patterns, however, may differ between different subgroups (Kerns & Richardson, 2005).

Kerns and Richardson (2005) have therefore suggested that further research be aimed at uncovering specific etiologies behind an individual's disorganized attachment as well as the trajectories of this attachment pattern as the child matures, especially in regard to affect regulation. As infants move into early and later childhood, the strategies they employed in infancy and preschool years will become more 'organised, sophisticated and smoothly activated' (Kerns & Richardson, 2005. p. 5). It is for this reason that these authors suggest that when examining attachment in middle childhood, the focus should be on individual differences in behaviour, the meaning of that behaviour, and the purpose that behaviour serves for the child, instead of just focusing on the explicit behaviour in isolation (Kerns & Richardson, 2005).

In terms of accessing the more dynamic processes of the mother and child, the following special scores will be reviewed. Due to the depth of understanding that can be gained from a dynamic interpretation of the special scores, both a structural and dynamic interpretation will be used in the following:

- Morbid (MOR) The MOR scores also relate to perception of self; however, they can also indicate a pessimistic set that will translate into many other facets that will be discussed further in the mini-dissertation.
- Co-operation (COP)

- Aggression (AG) will be analysed. COP and AG scores are inclusive of projected elements that portray self-representations and also provide useful information about internal sets that people may possess about their interactions with others.

From the other clusters, the following will be reviewed:

- GHR: PHR ratio (Good Human Response versus Poor Human Response), as this will provide possible etiological possibilities, in that it will provide information about the interpersonal histories and quality of interpersonal relationships that characterise the individual
- Lastly, the D and Adj D scores will be considered in determining whether or not the findings of the above variables can be attributed to current stressors in the environment versus stress that has persisted over time
- The other variables in the Controls Cluster will also be considered when analysing the protocols for this research. These variables will provide information about the extent and nature of the distressing experience (eb) as well as the EA (extent to which psychological resources are organised in a way that makes them accessible (Exner, 2003).

The Use of the Symbiosis Scale in this Research:

The data will be interpreted through the use of Exner's Comprehensive System of coding the Rorschach. However, a subscale named the Symbiosis Scale developed by Moelis, Wright and Fischer (1978) will also be used in conjunction with the comprehensive system. Although this subscale does not form part of the comprehensive system, it is a scale that can provide interesting information about symbiotic themes in the mother-child dyad explored in this case.

Moelis et al postulated that symbiosis in family relationships can be interpreted from the content of Rorschach responses. The responses are coded according to certain indicators of symbiotic orientations. These indicators are divided into the following categories:

- Discrete Parts: Inanimate and Animate Parts
- Parts Missing : Inanimate and Animate Parts
- Non-hostile Contact: Inanimate, Animate and Umbilical Imagery
- Hostile Contact

- Death
- Orality

The authors (Moelis et al, 1978) also provide a table of parental behaviours and indicators of symbiosis. These themes will be reviewed in both the mother and child's protocols in a later section.

Due to the fact that this study is exploratory in nature, the hypotheses that have been made regarding severe disruption in affective processing and experience will be considered in relation to other trends that are shown on the Rorschach. It is possible that other clusters, as shown in the literature review, may depict vital information for the understanding of this dyad. Therefore, these findings will also be discussed if necessary.

The Exploratory Nature of this Research

The chief purpose of this case study will be one of exploration and description, with the goal of providing explanatory insights through the use of the Rorschach. This purpose correlates with the definition of case study research according to Babbie (2005). The presence of disorganised attachment is not a common occurrence and thus a single case study may provide necessary psychological knowledge. The researcher is of the opinion that this design will yield in-depth, descriptive information that is currently lacking in literature.

According to Babbie (p. 89, 2005), explorative research is undertaken by the researcher for the following three reasons:

1. To satisfy the researcher's curiosity and desire for a better understanding of the phenomenon at hand;
2. To test the feasibility of undertaking a more extensive study;
3. To develop the methods to be employed in later study.

This research will be exploratory in nature for a number of reasons. Firstly, this method of comparing the mother and child's Rorschach data in order to make hypotheses about the quality of attachment is new within South African literature, and therefore there is not sufficient information about the possible

trends that might be found in the Rorschach protocols. The researcher therefore plans to use the data from this research endeavour to inform the continued research of this topic on a doctoral level. The single case study that will be the focus of this study will inform the researcher on how best to continue with this research.

Secondly, there are not any measures available to the researcher as yet for the clinical diagnosis of attachment disorganisation in South Africa. Therefore, the researcher has sourced a measure, from an international expert in disorganised attachment, that can be used for the purpose of this research to indicate the presence of attachment disorganisation (George & Solomon, 2007).

Lastly, this research is exploratory in nature due to the fact that there is no literature available to the researcher to indicate typical Rorschach findings of a mother and child dyad with the discussed characteristics. This research will serve to indicate the possible findings regarding the personality structure and functioning within this disorganised attachment. Although the benefit of this research lies in the potential of yielding new insights for the field, the results can not be standardised to a wider population at this stage of exploratory research.

Research Design: Mixed Methodology

The methodology that will be used for this research will be a mixed methodology. The research is mixed in methodology due to the fact that the Rorschach Comprehensive System requires the calculation of statistics and variables (quantitative) which are then used to make content analyses and interpretations of projective themes (qualitative). The Rorschach will provide descriptive statistics in the form of ratios that will be used to analyse the protocol. However, the descriptive statistics will be used as a foundation for further analysis that will rely on attachment theory in hypothesising the reason for the occurrence of these statistics. Therefore, the mixed methodology will be used in that the ratios and statistics provided by the Rorschach will be analysed and interpreted through the use of the Comprehensive System and also

interpreted through attachment theory principles as discussed in the literature survey.

Due to the fact that this research will be conducted on an exploratory basis without the necessity to generalise to a wider population, a single case study design is best suited to this research endeavour. De Vos (p. 275, 2002) has defined a single case study as “.....an exploratory or in-depth analysis of a ‘bounded system’ or a single or multiple case over a period of time”. Although the definition of a ‘bounded system’ is flexible, the study of any system should have the sole purpose of learning or gaining more information about that specific system. According to Whitely (2002), a single case study can add to the development of psychological knowledge and is a good tool in the study of rare phenomena. The single case study also has the advantage of providing in-depth information and understanding, as this design takes environmental, social and historical contexts of behaviour into account. Furthermore, a single case study can highlight possible hypotheses that can be tested in later research through the use of more controlled research strategies (Whitely, 2002). In order for the single case study to provide maximum information to the researcher, the exploration and description of a case will need to take place through the use of detailed and in-depth data collection e.g. interviews, documents, observations and historical records (de Vos, 2002). The researcher will therefore make use of as much information as is available in order to provide rich information within this case study.

The benefits of the type of case study that will be used in this research are two-fold. For the purpose of this specific mini-dissertation, the case study is instrumental in that it will facilitate the researcher in gaining more information and understanding about a specific psychological or social issue (disorganised attachment). Secondly, the case study will also be used in later research as a collective case study, in that the interest of this specific case study will become secondary to the interest of the researcher in a group of such case studies. Therefore, this will also serve the purpose of allowing for later comparisons between a number of case studies characterised by this pattern of attachment (de Vos, 2002).

Objectivity will be addressed in this research through the use of an independent measure for the presence of disorganised attachment i.e. The Caregiving Helplessness Questionnaire. Disorganised attachment has also been operationalized in the literature survey through substantiating sources of previous research. The authors of the Caregiving Helplessness Questionnaire have given the researcher permission to use this measure as a part of the research. The researcher is also in close contact with these authors so that they are able to provide her with continual assistance. The Rorschach will be analysed and coded according to the Exner Comprehensive System and will be subjected to inter-rater reliability.

Sampling:

Purposeful sampling will be employed for this research so that the sample contains information-rich participants, and participants show certain characteristics in which the researcher is interested (Struwig and Stead, 2001).

Therefore, the participants chosen for this research will be participants in which there is a researchable mother-child relationship i.e. where both the mother and child are available for research. The mother and child relationship must be characterised by the supporting literature in the literature review, in particular the table amended from George and Solomon (2007).

- The mother will have to display the presence of disorganised attachment within the mother-child relationship as measured by the Caregiving Helplessness Questionnaire
- The mother and child relationship will need to show observable trends of disorganisation as described in the literature survey. To ensure the observation of these trends is as objective as possible; the researcher will make the literature survey and criteria available to a multidisciplinary team at the psychiatric hospital, consisting of two senior clinical psychologists, two child psychiatrists and a registrar. This team will then observe the dyad and review the history available to them in supporting the diagnosis of disorganised attachment. Once this diagnosis has been established by the multidisciplinary

team, the case will be presented to an external child psychologist and she will also be given the opportunity to assess the mother-child dyad. Her diagnosis will then be used to confirm or negate that of the multidisciplinary team. Once both the team and external psychiatrist agree on the diagnosis, the dyad will then be used for the research

- The mother and the child will be required to be fluent in English or Afrikaans, as these are the researcher's primary and secondary languages
- Although the gender of the child within the mother-child pair will not be considered as an exclusion criterion, the child must be able to communicate fluently in a verbal manner in order to provide responses on the Rorschach Inkblot Test
- The data available for the manifestations of disorganised attachment for the purpose of this research focuses mainly on children in middle childhood from the ages of 6 – 12 (Kerns & Richardson, 2005). Therefore, the child will need to be within that age group. The mother's age is not relevant to the research
- The mother and child will be sourced from the Child and Family Unit at a Psychiatric Hospital

Data collection:

The Caregiving Helplessness Questionnaire will show the presence of disorganised attachment before the research continues. Once this has been established, both the mother and the child will be required to complete the Rorschach Inkblot Test. This data will be collected and analysed. The clinical files available to the researcher, regarding the mother and child's history, as well as the psychiatric history, will be used to provide the researcher with more information that may be relevant to the research. This will ensure a richer review of the case data and will aid with the analysis and interpretation of the case.

Limitations of Research:

This research does not aim to generalise the findings to a wider population of disorganised attachment, hence the case study approach. The emphasis is thus on exploratory research. The intention of the research is also not to 'prove' that disorganised attachment has been solely responsible for the structure of

the personality that will be depicted by the Rorschach; the emphasis is rather on exploring the structure of the personality within disorganised attachment as measured by the Caregiving Helplessness Questionnaire.

The Caregiving Helplessness Questionnaire has not been standardized for a South African population and this presents a limitation in using it as an assessment measure. However, there are no assessment measures in the field of disorganised attachment that have been standardized for a South African population as yet. This is the most appropriate measure for the research at this time.

The Caregiving Helplessness Questionnaire is a self-report measure which implies the possibility that the participant mother may not accurately reflect her experiences. For this reason, the research and the purpose of the research will be discussed in full in order to address any misconceptions.

Ethical Considerations:

The mother-child dyad will be fully informed as to the purpose and process of the research, and full informed consent will be attained from both mother and child.

The participants may withdraw from the research at any time if they so request. Anonymity will be ensured in the dissertation by means of pseudonyms.

CHAPTER THREE

THE CLINICAL CASE HISTORY AND DATA FOR THE DYAD

As explained in the literature survey, the diagnosis of disorganised attachment per se is difficult considering the lack of measures available in South Africa at present. Therefore, the ‘diagnosis’ of disorganised attachment, in this case, was based on numerous sources of information. The literature regarding this attachment was reviewed, clinical impressions were used and the Caregiving Helplessness measure was completed. The Draw a Person and Kinaesthetic Family Drawing were also used to examine the presence of disorganised attachment – these tests will be discussed in a later section. The biographical and historical information relevant to this case study will also be provided in order to contextualise the mother-child dyad effectively.

Referring Problem:

The mother (referred to from this point by the pseudonym, Sue) is a 38 year old, Caucasian female and her son is a Caucasian male (referred to from this point by the pseudonym, Tom) who was eight years old at the time of the assessment. The pair was referred to the hospital by a community clinic where they had been seen by a medical practitioner. The pair was referred to this clinic after the school became concerned about Tom’s welfare within the home setting. The school had involved a social worker who had been asked to review the mother’s ability to care adequately for the child.

Collateral Information as provided by the School:

The school had numerous complaints about Tom’s behaviour within the school context. He had only been at this specific school for two years; however, the behaviour that will be discussed has been sporadically present throughout this two year period. There were times when this behaviour became much more amenable to correction and structure, almost normalising, but these times seemed to be short-lived. He was unable to pay any attention in class and there was subsequently no ability for sustained concentration. There were also times in which Tom was sent to school hungry, without any food or drink; his clothes would be dirty; he would seem dishevelled and neglected. There were many

times in which he would arrive at school with numerous bruises and welts; when the teachers inquired about this he would tell them that his mother had beaten him. He had reportedly been increasingly more difficult to manage over the month prior to the referral, and his behaviour was erratic and extremely aggressive at times. When this was discussed with the mother, she explained that he was a 'normal boy' but that his behaviour was uncontrollable at times, and when this occurred, she had to 'discipline' him. She said there were times in which his behaviour became frightening to her. On one occasion he had chased her around the kitchen with a large knife, threatening to kill her. He also tried to set the house alight with his mother inside by lighting newspapers in the kitchen. Furthermore, he had allegedly drowned one of the mother's puppies – which he vehemently denies, and his aunt is sceptical about, owing to his love for animals.

The teachers were also concerned about what they termed to be 'strange' behaviour from Tom. For example, he would sit in class at times and would talk to himself or sing songs; he had started to rock back and forth often and did not respond to the teachers' instructions. They reported that he had started to tear out the labels of his clothing and would sometimes scratch and tear at the actual items of clothing on his body. He scratched at the nose hairs in his nose until his nose would start to bleed because he could not stand the sensation of the hairs tickling him.

The teachers could still not understand, however, what the precipitating factors were in the seemingly sudden changes in his behaviour. After some investigation, they discovered that Tom was living between two homes – his primary home, and that of his maternal aunt and uncle. It was during the times that Tom was at home with his mother that his behaviour deteriorated rapidly and drastically. When he was placed with his aunt and uncle, his behaviour changed noticeably. The school then contacted the aunt and uncle to inquire about the living and custody arrangements that were in place.

Collateral Information as provided by the maternal Aunt:

The aunt explained that Tom's mother, Sue, was emotionally unstable and was often not able to manage Tom. She would then send him to his aunt and uncle where his behaviour stabilised, and he would return home once 'stable' again.

The aunt was extremely concerned about this arrangement, as she did not find Sue to be fit to care for Tom, and was worried about the fact that Sue used excessive corporal punishment in structuring the child. The aunt and uncle had, therefore, consulted with social welfare and were attempting to have Tom placed with them permanently, but social welfare claimed that there was insufficient evidence to allow for this, and so the cycle continued. However, on admission to the hospital, the physical examination that performed on Tom revealed a number of bruises on his upper legs and buttocks in the shape of horizontal stripes. When the doctor inquired about these, Sue told them that Tom had been attacked by a dog – which was clearly incongruent with the bruise patterns.

Tom is reported as being a completely different child when he is in the care of his aunt and uncle. He is far more successful and focused within the school setting; the bizarre nature of his behaviour changes markedly, and his aggression dissipates. Both the school and the aunt described him as being a 'totally different child' when he is living with his mother. This served as the impetus for the school to refer Tom and Sue to a clinic where they could be assessed by a multidisciplinary team. Unfortunately, the nearest clinic did not offer this service and they were then referred to the current hospital.

Family History:

In terms of the history, the mother was not able to furnish the team with much detail. The family is from a lower socio-economic status and have struggled financially for a number of years. Sue has not yet had a stable job and has moved from workplace to workplace, fulfilling a more informal position as a casual. She completed standard eight and was not able to study any further than that. When I inquired about her childhood years, she told me that they had

been 'normal' but that there had been a significant shortage of financial resources. Sue explained that her parents had been very strict, but had not abused them physically as children. However, when I asked the aunt the same question, she told me that their father had been an alcoholic and that there had been substantial abuse of them as children. Their mother was also described as being strict and unapproachable. The children were expected to be independent from an early age and there was an absence of warmth and nurturance in the home. Before Tom was born, she was married to a man who abused her physically; she then left him and married Tom's father shortly afterwards and they had three children together.

This husband was also an alcoholic and has not been a constantly present in the home. He is often still absent and does not return home for days. When he is home, he is described by Sue as being 'there, but not there', in that he does not give the family much attention. However, according to Sue and the aunt, the relationship between Tom and his father is amicable and there has never been a complaint that his father is abusive towards him. Sadly, he seems disinterested and apathetic about Tom's current circumstances, although he has agreed that Tom should stay with his aunt on a more regular basis. Strangely, it was inordinately difficult to initiate contact with the father, and he has not played an active role in the treatment of Tom in any way.

The Assessment of Sue and Tom:

Sue and Tom were assessed at the hospital by a multidisciplinary team consisting of the ward psychiatrist, a consulting psychiatrist, ward clinical psychologist, consulting clinical psychologist, intern clinical psychologist, and an occupational therapist. The team was convinced of some form of attachment disorder, namely disorganised attachment. Although the criteria were not met for reactive attachment or any other DSM IV disorder, the symptoms seemed to be rooted within the relationship and attachment with the mother. The case was then referred to the intern clinical psychologist.

Unfortunately, the mother was not able to provide the researcher with an elaborate or in-depth review of Tom's history. This, in itself, was concerning to

the team members in the children's ward, as the mother is usually the one who is able to provide the most information regarding her child's developmental history.

The information was sparse, and there was an obvious poverty in the manner in which she answered the questions. With almost every question the mother was asked, she replied that everything had been 'normal'. For example, when the mother was asked about developmental milestones, she was not able to recall the age at which these milestones had taken place and would reply, 'It was normal age', without being able to give an indication of what the age was. Therefore, it is only possible to report on the case history as the mother describes it with help from the collateral sources that were present.

On the day on which the first interview was conducted, the mother was accompanied by Tom's aunt. The aunt explained that the responsibility for Tom had been shared among the mother, the aunt and the grandmother. The contact with the mother had therefore not been consistent, especially during times in which his behaviour had deteriorated. The grandmother's involvement was far less than that of the aunt. However, she had often cared for Tom when Sue had reached the end of her tether if the aunt had not been able to do so. In the interview, the aunt seemed to assume the dominant role. The mother's relationships, other than that with Tom, also seemed to be of a dependent nature. She would often deflect questions regarding his development or current symptoms to the aunt. Eventually the aunt left the interview room, forcing the mother to answer the majority of our questions. Even when we discussed the case with the mother telephonically, she would not know how to answer, and would often instruct us to contact other family members. When we followed this suggestion, she would become angry and would ask us why we had not operated through her.

As mentioned previously, one of the most important pieces of information gained during these interviews is the fact that Tom's behaviour is markedly different when he is not in the care of Sue. The aunt, grandmother, school and social worker had all 'documented' the extreme changes in his behaviour within

the various contexts. The mother and child relationship therefore seems to act as a trigger and catalyst for the decline in his behaviour. On admission, he had been staying with his mother on a permanent basis for 3-4 months, hence the rapid and significant behavioural deterioration.

THE USE OF THE MARSHACK INTERACTION METHOD

The MIM method of observation was used to make hypotheses about the relationship between Tom and Sue. Tom was also asked to complete a DAP and KFD, the results of which will be discussed in a later section as well. The findings of both sets of assessment data will then be related to the presence of disorganised attachment.

When entering the room, both Sue and Tom were noticeably anxious and apprehensive. Tom made very little eye contact with his mother and did not look to her for guidance; he sat down at the table promptly and stared out of the window. Sue did not provide him with any reassurance, but seemed to be inordinately uncomfortable and insecure. There was no rapport between the mother and child; there was a tangible tension. The instructions for the MIM were given to them and included a range of activities that the team had decided upon because they were relatively unthreatening, as it was predicted that Sue would be unable to engage affectively, or in a nurturing manner with Tom. These activities should have been completed without extreme anxiety.

The activities were as follows:

1. Draw pictures on each other's backs; each of you gets three turns to guess what the other person is drawing;
2. Plan a holiday together, where you will go, what you will do and what you will need to pack;
3. There is a balloon on the table; play with it together, using only your hands or only your legs;
4. Sit opposite each other and each get three turns to pull funny faces at each other while trying not to laugh;
5. Each have an opportunity to stand opposite each other and make certain movements with your body that the other person has to copy.

The instructions were given to Sue and Tom, and the therapist then left the room to join the rest of the team behind the one way mirror. The mother started to look at the cards and stared at the first of the instructions blankly for

approximately three minutes. She then turned to Tom and asked him if he knew what was supposed to be done. She repeated these questions to him, becoming increasingly irate and anxious, but he looked at her blankly, and then looked away and began to play with certain objects on the table. The mother became progressively more fearful and then started to exclaim that she did not understand what to do. She repeated this a few times, shook her head and then suddenly left the room in a panicked frenzy to approach the staff behind the mirror.

Sue came into the room and started to exclaim that she had no idea what the instruction meant and what she was meant to do in the session. She repeatedly exclaimed, 'But I do not understand', and told us that she could not do this exercise. The therapist had to calm her substantially and explain in pains-taking detail what the first card meant. Finally the mother agreed to continue with the MIM after we explained how important the assessment was for the continuing treatment of her son. However, she remained confused on what the cards were asking of her and did not want to engage in this form of physical contact with Tom.

The remainder of the MIM progressed in a similar way, with the mother constantly asking her son what the instructions meant and what they were supposed to do.

There was hardly any warmth, spontaneity or engagement evidenced in the exercises that they completed. The mother was ineffectual, and referred often to Tom, asking his advice about how best to proceed. There was no positive regard for the other person in the dyad, and Sue remained rigid and approached Tom with an air of authority when he was not able to assist her as she required of him. The only time in which either participant laughed was when the instruction asked them to do so. The mother also kept the instruction card with her as the exercise progressed in order to ensure that she could refer to the instructions at any time.

Discussion:

The interaction observed in the MIM was multifaceted. There were prominent and pervasive themes and styles of relational patterns present. When reviewing the table of characteristics of mothers with disorganised attachment as discussed in the literature survey (George & Solomon, 2007), there are correlations with what was observed in the MIM. Firstly, Sue showed some indications of hostility towards Tom when he was not able to give her guidance about how best to proceed with the activities. In this way, the presence of role reversal was very obvious in how she depended on him in the execution of the tasks. There was a definite lack of any interactive co-ordination, and the communication between the two was minimal. The only times in which there was communication was when they were following the instructions given to them. However, these instructions were followed scrupulously and there was no space for spontaneity. Any warmth or positive regard was absent, and therefore, there was a lack of emotional closeness.

At times, Sue would tell Tom what was required, e.g. drawing on her back, but when he attempted to complete this task, she would chastise him or pull away. At one time, she did not wait for the team to knock on the window to indicate that she could proceed to the next task, but she rather ended the task prematurely and continued with the next one, as it had become too threatening and anxiety-provoking for her. According to Lyons-Ruth (1999), this shows a pattern in which she gives Tom contradictory cues to approach her, or interact with her, and then she distances herself and withdraws from him as the contact becomes uncomfortable for her. When Tom showed some signs of anxiety or distress, she had no capacity or ability to soothe this distress and she would avoid it by repeating the instructions to him.

These are all congruent with the findings of mothers who have a disorganised pattern of attachment with a child.

THE DAP AND THE KFD

The pictures that were drawn by Tom have been included as an appendix at the end of this study. This section will describe the findings of the tests rather than providing a description of the drawings.

According to Madigan, Goldberg, Moran and Pederson (2005), children that show a disorganised pattern of attachment, particularly with the mother, show distinct features when they are asked to complete a DAP and KFD. Their research therefore focused on establishing which characteristics would be most prominent and indicative of disorganised attachment.

Earlier research (Madigan et al, 2005) on disorganised attachment and developmental consequences has found themes of fear and confusion in the attachment representations of the self and the family. These children have been found to be more susceptible to the following: poor regulation and control of emotion, especially emotion of a more negative kind; oppositional, hostile-aggressive behaviour and coercive styles of interacting with peers; and an increased risk of developing externalising and internalising behaviour problems in later childhood and adolescence.

This style of attachment is especially prevalent in maltreated and abused children. Therefore, the IWM of self and other is built on the foundation of relationships with significant others, and these IWM broaden and develop to incorporate the representation of the family. Disorganised attachment relationships are seen as reflecting segregated or incompatible systems of representations that may distort information about the self and others that, in turn, causes the development of pathological functioning. When the relationships have been characterised mainly by neglect, abuse or emotional absence, this will have a direct impact on the IWMs and should be reflected in how a child views himself and the other members of the family. Therefore, it can be assumed that children with this classification of attachment will continue to display themes of fear, confusion and distress in their drawings.

Madigan (2005) proposed that the following trends would be observed in children displaying disorganised attachment when these drawings were shown to an audience:

1. The drawings would evoke fewer positive emotion labels such as joy and contentment;
2. Drawings in the disorganised group would evoke more negative emotion labels such as sadness, anger, distress and fear;
3. There would be a higher frequency of disorganisation, carelessness, family chaos or strangeness, dysfunction – and, of importance, the presence of bizarre details in the drawings.

The results of this study (Madigan, 2005) showed that the emotions that were depicted by the children, in order of the most common, were the following: anxiety, fear, distress and bizarre details. This would perhaps be congruent with the hypothesis that one of the underlying emotions within disorganisation is confusion and anxiety, as well as fear and anger, versus the outright demonstration of sadness. Studies show (as cited in Madigan, 2005), that this can be understood as anxiety in terms of the feared response of the caregiver to the child. Therefore, this study shows that the emotions of anger and sadness are more often reactive rather than primary attachment emotions.

Discussion:

When reviewing Tom's drawings on the basis of these hypotheses, it becomes clear that many of these themes are strongly represented. Firstly, when reviewing these pictures, the elicitation of emotion is one in which there is a response of fear, confusion and anxiety. There is no positive emotion experienced by any of the team members when reviewing these pictures. To confirm this, and the other hypotheses, these drawings were shown to a group of 45 mental health workers at a recent conference. I asked the audience to tell me what their observations had been about the drawings, and what emotions they felt when looking at the drawings. Clearly, there is much anger depicted by the use of the elevated middle finger, the tooth-bearing grin and the devil's fork.

Even though the mouth is drawn in the shape of a smile, it seems to be more like a threatening grimace, and did not elicit any positive response from the researcher, team members or the audience. As discussed, this may be a reactive attachment emotion in which Tom is concretely showing his extreme rage towards his mother at present.

Also of interest is the fact that Tom has neglected to include the presence of an attachment figure in this drawing. Rather, he has drawn himself and his siblings and has chosen to depict himself as the biggest and strongest of the subsystem. This elicits questions around how he sees his role in the family and why he does not include the mother figure in the family. It is possible that Tom experiences his role in the family as a more parental than childlike one, and that the mother is not included because she fails to fulfil an adaptive parental role. The drawing of Tom is much larger than the other children, which may demonstrate his self-assumed position of authority and caregiving within this system.

It is also plausible that Tom's anger towards his mother has prevented him from drawing her, and that the anger response shown is directed towards her, as well as the father for his absent role. The absence of the mother may further depict that she is either experienced as being physically and/or emotionally absent. The only family member that is smiling is the sister – this may be because of several factors, including the fact that she is the youngest and Tom considers himself close to her, as well as the fact that the mother seems to favour this child over the boys [which is also consistent with attachment theories, in which case not all offspring necessarily show the same attachment representation (Lyons-Ruth, 1999)].

The bizzareness of the pictures, however, is the feature that is most prominent, and was most commented on by those who were part of the exercise. The eyes are unusually depicted as concentric circles, which may be representative of the chaotic and dysregulating thought patterns that Tom is presently experiencing. This particular detail of the drawing seems to depict extreme confusion and insecurity. Furthermore, Tom has neglected to draw some

essential body parts for all of the figures drawn. The body parts that are missing include hands, feet and even his own neck.

Tom has drawn himself as a superhero (the squiggle patterns on the attire he is wearing form part of the superhero costume), however, he is also holding a devil's fork, and his picture is aggressive in nature. Although a full analysis of the drawings is outside the scope of this study, we can hypothesise that Tom may almost feel stuck between two personas. One in which he is a superhero, perhaps protecting his siblings, and one in which he is internalising and becoming the badness that his mother attributes to him. He, in essence, is living out the anger, fear and anxiety that currently seem to be characterising this dysfunctional family.

THE CAREGIVING HELPLESSNESS QUESTIONNAIRE

Sue completed the Caregiving Helplessness Questionnaire. When the results were calculated, it was evident that this mother-child dyad shows an extremely high level of disorganised attachment patterns of relation and behaviour. The questionnaire is divided into three factors:

1. The Mother Feels Helpless;
2. The Mother and/or the Child feel Frightened;
3. The Child is placed in a Caregiving role.

Sue scored highly in all three of these factors and there was no significant difference between the scores in the three different groups, although some interesting themes were revealed. Therefore, a high level of disorganised attachment can be seen in this dyad. From the answers that Sue gave on this measure, there are times when she feels out of control and helpless in her relationship with her son. Even though she realises that the situation is not optimal, she does not feel as if she has the ability to change this. This makes her feel like a failure, which perpetuates a pattern in which she often reacts harshly and in a cruel manner towards him.

In terms of the level of frightened behaviour in the dyad, Sue reported that she has been afraid of Tom at times when he has chased her with a knife or shown extremely angry behaviour. However, she showed some insight into the fact that she, too, may be frightening to him, especially when she is disciplining him in a harsh manner. Interestingly, she was able to identify the fact that Tom did not become distressed when they were separated from each other. She even paused at this stage and asked if this was 'normal', and if Tom should be more upset. Furthermore, after much deliberation, she also recognised that she does not have the ability to soothe Tom when he becomes upset. At this point, Sue became almost resentful as she explained that Tom would rather be comforted by a family member than by his mother. One of the strongest areas in which there was an indication of disorganised attachment was one in which the mother evaluated the child's caregiving abilities. Sue attributed many positive qualities to Tom and mentioned that he is often the person that comforts her.

The role-reversal element of this relationship was therefore prominent in how Sue answered these questions.

Although she shows some insight into these factors, the questions that were asked of her had to be explained at length by the examiner. It appeared as if it was anxiety-provoking for Sue to consider the impact that she has on Tom and to evaluate the quality of their relationship. She took much longer than expected to complete this questionnaire and often seemed full of despair at the answers she had given. This seemed to be an exercise in which she was required to make some complex inferences about the relationship. However, these insights seemed to be short-lived and defended against, as she was not able to apply them to their present situation.

CHAPTER FOUR **THE INTERPRETATIONS OF THE RORSCHACH RELEVANT TO THIS STUDY**

As described in the methodology section, the main aim of this research was to analyse the affect cluster as well as the other variables mentioned. This was due to the fact that Kerns and Richardson (2005) as well as Lyons-Ruth (1999) postulated that disorganised attachment would be most manifest in affective regulation and the disruption thereof. Therefore, this chapter will begin by exploring the variables relevant to this study, according to the Comprehensive System, for both Tom and Sue. A section will follow in which other significant findings, that were not part of the original hypotheses, will be considered. The next chapter (chapter five) will then review the data from the Rorschach from an attachment perspective and compare the data to disorganised attachment in particular.

THE CHILD'S DATA: TOM

The Rorschach data showed that Tom's Lambda and EB Pervasive ratios were too sparse to indicate a distinct and definite coping style. However, his Lambda was elevated (1.11) which would indicate that he has an avoidant style towards decision-making, problem solving and the surveying of his environment. Therefore, the hypotheses made according to the Rorschach are done within the frame of an avoidant style.

The Lambda is a variable that indicates the extent to which a person is psychologically involved in a stimulus field. This avoidant style is developed as a defensive strategy to protect the person against painful and confusing affects, anxiety and ambiguity. An avoidant style is not necessarily unusual when occurring in childhood, provided that the Lambda falls between the standardised cut-off points. Developmentally, Tom's lambda should be 0.77 with a standard deviation of 0.27 which would allow for a range of 0.5 – 1.04. Therefore, Tom displays an avoidant style that is not developmentally adaptive. Klopfer (Exner, 2003) has postulated that a high occurrence of pure F responses in children and adolescents is indicative of rigidity. This rigidity demonstrates the child's inability to show and express emotions and/or conflict

without being afraid of reprisal. It is thus plausible to assume that Tom has learnt to narrow the stimulus field defensively with a subsequent lack of emotional expression.

Tom's high Lambda style indicates that he has a tendency to oversimplify environments and reduce stimuli to a level that is most easily managed, regardless of whether or not that level is indicative of the reality of the situation. He will also simplify any source of complexity and ambiguity in his environment by denying that it exists or even disregarding and ignoring it. This distortion and simplification of the environment will certainly extend to his experience of emotions that may be ambiguous or anxiety-provoking. In situations in which he has to narrow the stimulus field to this extent, it is possible that his behaviour will become maladaptive and less effective in terms of what the environment requires from him. There will, in fact, be times in which this behavioural disruption will even contradict simple and expected social norms.

When attempting to understand Tom's avoidant style, it is necessary to consider the fact that he avoids aspects of his environment as a defensive process. This entails the defensive avoidance of elements of his surroundings that he judges as holding little importance (even though they might hold importance) or elements that he finds threatening. Although children sometimes simplify their worlds at younger ages in order to deal with their surroundings more easily, this avoidant style becomes problematic as the child matures in age. As the child's capacity for conceptual thought increases and complexity becomes less threatening, children employ the use of avoidance less. However, Tom is 8 years old and should already be more capable of conceptual thought processes which would make the use of avoidance less necessary. As mentioned, the average Lambda score for a child of eight years old is 0.77 which would suggest that Tom's score of 1.11 is noticeably higher than the average. The fact that Tom still shows a strong avoidant style therefore suggests that there is a pervasive pattern of social ineptness and an excessive preoccupation with the meeting of needs and need gratification. It is further possible that his avoidant style is present due to the fact that he is not allowed to show emotion and/or conflict without being afraid or expecting

conflict. As Tom matures in age, his avoidant style will become increasingly problematic and may eventually become a tactic through which he shows general negativism towards his environment. If Tom continues to avoid painful affect it will act as a precursor to severe difficulties in social adaptation and functioning in adult hood.

When it comes to the manner in which Tom is controlling and modulating his emotions, the data shows that he is exerting much more stringent controls over his emotions than what is expected, or adaptive, for his age. Therefore, it is not likely that Tom will engage in emotional displays on a regular basis. This is an unusual finding considering Tom's age, as children are more likely to have poorer control over the emotions, and emotional discharges are therefore more common. It seems clear that Tom either does not feel safe to display his emotions, or he defends against the experience of emotion in general. In fact, his FC:CF+C ratio shows even more stringent control than that of his mother, which again is an unusual finding. This would be consistent with the possibility that his high lambda may indicate that he may use avoidance to defend against emotionally threatening stimuli and painful affect. In this way, he is avoiding painful affect and is also constricting that painful affect which is allowed into consciousness. Tom's frequency of blend responses is markedly below average which shows that his psychological organisation is less complex than what is expected for his age. Therefore, when these defences do not have the desired result, he will show more behavioural disruptions and outbursts in instances in which he is confronted with complex emotional situations.

When reviewing the Good Human and Poor Human responses for Tom's protocol, it was clear that he showed a PHR that was considerably above average for his age, the average being 0.63, and a GHR that was considerably below the average of 4.98. Tom's GHR:PHR ratio was 1:4. The presence of PHR is indicative of interpersonal histories that have been characterised by dysfunction, possible trauma and conflict. Furthermore, the PHR ratio shown by Tom indicates that he will display patterns of interpersonal behaviour that are ineffective and maladaptive. The Rorschach data and clinical information already indicates that Tom has a tendency towards social ineptness and lack of

social awareness. This will often lead to instances in which he suffers rejection and shunning by his peers which may lead to further interpersonal conflict. This leaves Tom in a situation in which he will be regarded less favourably by his peer group and will have difficulty in building adaptive relationships. As described, this ratio shows that Tom's history to date will have been one in which there has been a significant lack of adaptive interpersonal relationships, which will make it difficult for him to have healthy expectations of further relationships.

Presently, the frequency and quality of Tom's special scores indicate that he has a steady expectation that all interpersonal exchanges will be ones in which there is very little positive regard. This does not imply that Tom does not desire close interpersonal relationships, but rather that he anticipates them as being negative and conflict-based. Therefore, he feels uncomfortable in social settings and will exclude himself as a protective measure against this conflict and anxiety.

Tom has one MORBID (MOR) score which reflects aspects of his self-image. Although his MOR scores are not substantially elevated, the response given is one in which there is mediational impairment, ideational impairment and a PHR. The response refers to a baby who has two heads next to each other with a midsection which has been slaughtered, and cut. This has significant MOR content and reflects an inability to perceive and process the card in an adaptive manner. Structurally, the presence of a MOR score shows aspects of how one views one's self-image and often shows the presence of vulnerability and damage.

If considering the dynamic and interpretative significance of the content of this MOR score briefly, it can be hypothesised that Tom currently sees himself as a baby. This may be due to regression or to his sense of vulnerability. When he considers aspects of himself, it is difficult for him to base these observations in reality, and hence the mediational and ideational impairment. Strangely, the baby has two heads, which could indicate that Tom has much confusion around

his own identity and perhaps who he needs to be in certain circumstances versus who he is as a person.

The midsection of the baby has been slaughtered, which is a violent and cruel manner in which to describe the infant. The word 'geslag' (slaughtered) is mostly used in reference to animals which are 'taken to the slaughter' to be used as a food source. The emphasis in the last part of this response is on destruction, as accented with 'gesny' (cut). These actions are described in the passive voice, which indicates that someone else has done this to the baby. Although we cannot say with certainty who the 'butcher' is, it is plausible in light of the clinical history and the assumption that this response is one in which Tom has projected aspects of himself onto the card, to assume that the mother figure may be seen as the one that attempts to annihilate this baby. Therefore, it seems as if, whether Tom acts as his mother requires or not, she still causes him great pain and destruction.

When considering themes in Sue's protocol, it becomes apparent that there is a pervasive element of symbiosis according to Moelis et al (1978) as well as dynamic interpretations of her responses. However, the presence of the symbiosis in her responses creates the question of whether or not Tom is experiencing this symbiosis at all, and if so, in what manner it is being experienced. According to the subscale created by Moelis et al (1978), it is possible to code for the presence of symbiotic responses within a protocol. The responses in which the following aspects were present are scored for symbiotic content: discrete objects (animate objects), anatomy responses (with listed exceptions), parts of inanimate objects (with listed exceptions), parts missing – both inanimate and animate objects, non-hostile contact (touch), umbilical imagery, hostile contact between two objects, references to death and dying and any references to oral activity e.g. sucking, biting, chewing.

When reviewing Tom's responses using this system, the following was found:

- 1 non-hostile contact
- 2 hostile contacts
- 1 discrete part

- Therefore, only 21% of his responses showed any symbiotic content, which is not too significant.

However, of interest is the fact that he has two hostile content responses where people or animals are engaging in a physically maladaptive manner. Even though there was a response in which there was a non-hostile contact score (the two cows jumping off each other), this response had an FQ – as did the two responses given for the hostile contact. It is plausible to hypothesise that Tom's thought processes may become more disorganised and fragmented when he is given the stimulus of physical touch. Due to the possibility that physical touch may be significant, the SumT variable was also considered.

Tom showed no T (texture) responses in his protocol. This is unusual for children, and signifies that Tom does not express and acknowledge his need for closeness in ways that are similar to those of other people. This does not imply that Tom does not have a need for closeness, but rather that he is conservative in interpersonal exchanges that require physical touch. He is therefore more likely to be overly concerned about his personal space and will show much caution in creating or maintaining emotional connections with other people. Of interest is the fact that his mother shows a dependency orientation in interpersonal relationships, but this is not present in any form within Tom's results. This, coupled with the findings of the symbiosis scale, suggests that the mother's dependence on others is radically more pronounced than Tom's dependence. The postulation then naturally arises that Tom's behaviour in this regard may be a defensive strategy by which he counters the malevolent and unreliable dependence on him from his mother. Tom may also have learnt, through his mother's physical abuse, that touch is dangerous and detrimental and should be avoided. The two possibilities need not be mutually exclusive.

Tom's D and Adj D scores are in the minus range, which is lower than average for his age. The average scores are -0.22 and -0.15 respectively. This data shows that Tom is in a chronic state of stimulus overload. This chronic state of stress will lead to situations in which Tom is not able to deal with strain, tension and anxiety in his environment for extended periods of time. Therefore, many of

the behaviours he demonstrates in these situations will not be well thought through and will not be executed with efficacy. This will lead to instances in which Tom behaves in an impulsive manner, and he will be far more likely to suffer disorganisation in instances in which he is under distress. The more defined, unambiguous and structured the environment, the less prominent the risk will be for Tom to lose control. He will therefore benefit from situations that are routine, predictable and in which the expectations do not exceed his resources.

Both Tom and his mother have an ego-centricity index, indicating estimates of personal worth, which is below the average expected for their respective ages. This, coupled with the presence of MOR responses, would suggest that their estimates of their own personal worth are negative. Both Sue and Tom will judge themselves less favourably when they compare themselves to others. This often gives rise to depression and to negative affect which leads to emotional dysregulation at times. This is a particularly concerning finding for Tom considering his young age and the fact that he already views himself as less valuable than what is adaptive.

Although the cognitive triad was outside of the original scope of this research, the findings for this triad, especially within Tom's protocol, are extremely significant and thus noteworthy.

There is significant mediational impairment. This dysfunction is severe and there will be a marked, global impairment in his ability for reality-testing. The basic ingredient for accurate reality testing is impaired. There seems to be an excess of peripheral, less volitional forms of ideational activity. The peripheral mental activities that are being generated are most likely the result of unmet need states, which are interfering with effective mediation. This is most likely responsible for interfering with attention and concentration, and therefore disrupts logical patterns of thinking. At times, there will be a serious breakdown of Tom's cognitive operations and there may be a complete failure of accurate mediational abilities, not unlike those found within a psychotic process. This may occur even in situations that are well-defined or structured.

Tom is currently experiencing more disconnected and random patterns of thinking than is adaptive and expected for his age. This ideational activity is most likely caused by an excess of ungratified needs. These need-related demands are intruding on his patterns of deliberate thought and may even affect his ability to maintain attention and concentration. The more pervasive these unmet needs become, the more they will impact on Tom's clarity of thinking. As mentioned, Tom's behaviour and clarity of thinking deteriorated considerably when in the month prior to his admission, which was the month in which he was living with his mother. This may have precipitated his psychotic like decompensation.

The cognitive triad has shown that Tom's ability for thinking is likely to be severely disturbed, and his ability for rational conceptualisation and thought is impaired. His reality-testing abilities are significantly below what is expected for his age. His thinking patterns will lack coherence and will be disorganised, inconsistent and will frequently contain flawed judgements. There will be times in which his thinking will contain bizarre elements and he will most likely not be able to deal with everyday stressors in a manner that is effective. Furthermore, Tom's ideational sets and values are well fixed and relatively inflexible. It will be very difficult for him to alter the attitudes and opinions that have formed. Therefore, it will be challenging for Tom to view things from a different perspective to that which he has already formed.

Of salience in this specific case is the fact that trauma has been shown to have a severe impact on the clarity of thought processes by a number of authors (Dozier et al, 1999; Granot et al, 2001; Greenberg, 1999; Holaday, 2000; Inhelder, 1968; Jacobsen et al, 1994; Smith, Baity, Knowles & Hilsenroth, 2001; Viglione, 1990; Weiner, 1992). This seems to be a major influencing factor on Tom's present dysregulation, shown in the cognitive triad, and will be discussed in greater detail in chapter five.

THE MOTHER'S DATA: SUE

Sue's Rorschach data shows that she has an introversive style of decision-making and problem solving. However, Sue also demonstrates an avoidant style, which will mean that she shows an introversive-avoidant style. Therefore, she will be less prone to make use of and be influenced by the role of emotions when making decisions as emotions are kept on the periphery. Sue will also generally not test her thoughts through trial-and-error behaviours. Instead, she will rely on internal evaluations and appraisals of situations instead of considering external feedback. The effort required for the modulation and expression of emotions will often be too much for Sue and this will result in her over-controlling or avoiding emotion. Sue shows less psychological complexity than optimal, and her psychological organisation seems to be marked by immaturity. Therefore, she is likely to display behavioural difficulties in instances in which she is confronted with emotional situations that are complex in nature. Her conceptual processes will be marked more by simplicity than what is adaptive. In situations that are ambiguous or anxiety-provoking, she will be more vulnerable to emotional intrusions, which may affect her behaviour adversely.

However, due to the fact that she shows a strong proclivity for avoidance, there will be times in which she will not differentiate complex emotional experiences very thoroughly. In these situations, Sue will combine her emotions with her thoughts, and, subsequently, the role of emotions will either be given more emphasis or less emphasis than is adaptive and required for the particular situation. A more lackadaisical approach to decision-making then arises in which ineffective behaviours are continuously perpetuated. Whether she uses emotion more or less than what is needed, the result will be the same, in that her behaviour will be less effectual than necessary.

Sue is more likely than other people to deal with her emotions on a more intellectual level, so that even when she takes emotions into consideration, the impact of emotions is reduced and neutralised. However, this is a manner in

which she denies the importance of her emotions and thereby distorts the true meaning of the emotions as well as the impact of her emotions on different situations. However, at present, Sue is more burdened by negative and irritating feelings than might be expected. This is most likely due to the fact that she is inhibiting the release of these emotions and therefore has no cathartic outlet for these feelings.

As indicated when reviewing Tom's data, the GHR and PHR ratio is an indication of interpersonal histories and interpersonal behaviour. Although Sue has one more GHR than what was seen in Tom's protocol, she has six PHR. This indicates that her own life has been significantly marked by interpersonal exchanges that have been negative and most probably conflict-ridden. She will also not anticipate interpersonal relationships as having any inherent positivity or benefit. Sue's expectation and experience of interpersonal relationships, therefore, will have a considerable impact on her behaviour within close relationships. She will be less socially adjusted and she will show episodes in which her behaviour becomes inappropriate. Others in her environment will also often view her in an unfavourable manner.

Sue's responses show some interesting themes on a more content based analysis. Although she did not show any AG or MOR responses within the protocol, there were two AB scores and three PERS scores. The AB scores were both given to card 7, in which she identified two animal-like figures that both showed negative affect in being 'suur' (sour), 'misluk' (miserable) and grumpy. Therefore, it seems as if the emotion she most identifies with, or most projects, is that of being unhappy and moody. There were no indications of positive affect within the protocol; the response coded for COP also lacked a depiction of interpersonal enjoyment. In fact, the only COP that she gave was one in which she distanced herself from the card by attributing the activity to a cultural act between two black women. The co-operation in this sense was one of duty and of routine more than collaborative interpersonal relations.

Lastly, there were three PERS scores (# 3, 7, 15) present in the responses. The presence of PERS responses indicates that the person reassures him/herself through being confident that his/her knowledge of a situation is

correct. However, it can be used as a form of intellectual authoritarianism as a defence against perceived weakness in others in order to dominate them. This indicates someone who is more narrow-minded, 'know-it-all' and more prone to disorganisation of behaviour under circumstances in which he/she is challenged.

One of these responses was one in which she stated that she did not know what was on the card, but that if she were Tom, she would answer in the following way, and kept using Tom as her 'voice'. Therefore, this suggests that Sue is defensive in interpersonal relationships and situations, much more so than other adults. When she is in such a setting, she will rely more on gaining information about the situation in order to feel more secure. As Exner (2003), has stated the higher frequency of these responses may be an indication that psychologically, the person is saying the following: 'I know that I am right because I am drawing from direct experience' (Exner, 2003, p.517), and therefore defends against the examiner challenging them. Therefore, Sue is often insecure within the interpersonal realm, especially when there is an element of being challenged. She is most likely viewed by others as being rigid or narrow, and therefore may have difficulty in maintaining relationships, especially those in which people are not submissive towards her. This could possibly be an influencing factor in her relationship with Tom at times in which he challenges her. This will incur a defensive strategy in her, where she becomes more dominant, possibly affecting her behaviour.

When considering other themes in Sue's protocol, it becomes apparent that there is a pervasive element of symbiosis present. As discussed, Moelis et al (1978) have suggested guidelines for analysing the presence of symbiosis. When applying this same model to Sue's responses, the following symbiotic content was found:

- 3 non-hostile contact responses
- 4 discrete parts responses
- 2 umbilical imagery responses
- 54% of her responses, therefore, showed an inclination towards symbiosis and merging

Content wise, the symbiotic responses were not of a violent nature e.g. hostile content or themes of death. The non-hostile contact responses indicated the use of touch between two people; the discrete parts contained two responses that had negative affective states mentioned within them, and the other two were heads of monsters. The umbilical imagery referred to two people bonded by a telescope and a magnetic force, and the other umbilical cord imagery response was one in which two seahorses were bonded through a connection of water. This can perhaps be seen as the mother requiring symbiosis in order to live optimally, but she is currently identifying with the negative emotions or experiences of symbiosis. Although a full analysis of the nature of the symbiotic orientation is beyond the scope of this research, it is clear from the scale, that Sue shows a symbiotic orientation in interpersonal relationships that is not always experienced positively by her or by others. The nature of the symbiotic responses is perhaps significant, in that a telescope, magnetic force and water are all ways in which the symbiosis implies some distance. It is possible that, although Sue requires this symbiosis, she possesses some ambivalence about the symbiosis. A full review of this is outside the scope of this research, but is significant, in that clinical and Rorschach data both show that the symbiosis is characterised by the oscillation between overt violence and dependence.

On the theme of symbiosis, it is perhaps significant that Sue's Ma:Mp ratio is 1:5. The Mp frequency is more than twice that of the Ma frequency, which indicates that she defensively substitutes fantasy for reality in circumstances in which she feels anxious or threatened. However, the discrepancy in this ratio also indicates that she avoids the responsibility for make decisions, which creates a self-imposed helplessness. Therefore, she becomes dependent on other people, like Tom, in her environment for most tasks. These include making decisions, and this dependency orientation becomes pervasive. Due to the fact that she shows an introversive style, this defensive operation develops into something that is especially harmful, because her style towards being ideational becomes subservient to the orientation towards dependency. This will be more prominent in situations in which there is increased complexity or stress.

Sue's personality organisation and structure is far less mature than what is optimal or adaptive. Therefore, when everyday stressors and difficulties arise, she shows a chronic vulnerability to becoming more disorganised. These occasions will normally arise within an interpersonal sphere, which will further contribute to problems in control. Therefore, in situations in which there is structure, predictability and continuity, Sue will function more efficiently. However, this is concerning, as she lives within a complex society in which such rigid structure is not always plausible.

Considering the fact that we have given some attention to Tom's thought processes and capacity for coherent thought, it is necessary to give the same consideration to those of Sue. There has already been an indication from the data discussed that she is substituting fantasy for reality on a pervasive and consistent level.

In obvious situations, her ability for mediational accuracy is fairly normal. However, the more ambiguous the situation becomes, the greater the loss of mediational efficacy and the less the ability for adequate reality testing.

There may be some pervasive tendencies towards mediational dysfunction. There are times in which there will be a serious breakdown in cognitive operations. Even in situations that are well-defined, she may become overwhelmed and a disregard for social conventions, norms and expectations will be ignored in favour of her own needs and wants. Her behaviour will become unconventional and inappropriate. If we consider the level of bizarreness in some of the answers that Sue gave, it becomes clear that much of the distortion takes place when she is referring to relational aspects, or answers in which she shows a symbiotic theme, as discussed. For example, one of her minus responses that contains bizarre features was the one in which she connected two people through a magnetic force that ran through a television to connect the two. Or the response in which she personified sea horses and attributed a bond of water between them. Other minus responses

also occurred when she made reference to affect which was of a negative quality. Therefore, it is possible that interpersonal circumstances become threatening for her, for a number of reasons, and she distorts reality in order to cope with the accompanying anxiety.

The usual level of peripheral ideation is being increased by situationally-related stress. She seems to minimise and avoid many of the mental intrusions that are caused by her need states. When these intrusions threaten to overwhelm her, she will act quickly in an attempt to reduce them, and will also avoid the experience of these need states.

Sue will use the defence of intellectualisation more often than other people, which means that there will be times in which she accepts and adopts a more distorted form of conceptual thinking so that the true impact of the situation is more easily denied. Therefore, there will be times in which her thinking will be severely disturbed and her ability for reality-testing will be diminished. There will be times in which her thinking will be disorganised, inconsistent and based on faulty judgments. The more there is a dysregulation of thought processes, the more likely it is that Sue's behaviour will become erratic, inappropriate and unconventional.

CHAPTER FIVE **FINDINGS AND DISCUSSION OF RESULTS**

This chapter serves to review the Rorschach data, as interpreted through the comprehensive system, through the lens of attachment theory and disorganised attachment. The comparison of what is seen in Sue and Tom's data will thus be reviewed.

When reviewing the Rorschach data for the mother and child dyad, there are some important themes and trends that can be observed. Many of these correlate with the attachment theory and with the precepts of disorganised attachment in particular. This chapter will serve to compare the findings in the Rorschach data for both the mother and child, and to relate these to the theory discussed throughout the dissertation. Although the main emphasis of the scope of study lay within the affective cluster, other variables have also been included in terms of what the literature suggests. All of these variables will therefore be connected in terms of an explanation of how the attachment relationship is currently operating in this dyad.

Due to the fact that the main hypotheses of this research have been based in the affect cluster, a review of this cluster will proceed first. As seen in the cluster, Tom restricts emotion far more than what is expected, or is adaptive, for his age. The FC:CF+C ratio demonstrates that this constriction is pervasive. However, other data in the Rorschach has suggested that Tom is at risk for affective overload shown through behavioural discharge in instances in which he is no longer able to constrict emotion. This would be seen in situations that are not well defined or well-structured, or in which there is ambiguity or an anxiety-provoking stimulus. His avoidant style will also have a direct effect on his processing and regulation of emotion, due to the fact that he oversimplifies his environment and will reduce emotional stimuli to a level that he can most easily manage – which, naturally, may distort the nature of this stimuli. Of importance, is the fact that Tom denies, ignores and avoids certain parts of his environment. When considering this style of emotional processing, it becomes clear that there are strong correlations to the avoidant style discussed in the literature survey. The clinical observations of the MIM even showed how Tom

attempts to avoid his mother and the inability of Sue to be affectively attuned to Tom (Stern, 1985).

Main and Solomon (1999) have shown that children who minimise their emotions are most commonly the children whose needs have been consistently rejected by the caregiver. They learn that any activation of the attachment system has the opposite effect of being soothed by the caregiver, and therefore they minimise emotional discharge. This is reflected in Tom's Rorschach data in his avoidant orientation, as well as his FC:CF+C ratio. He will most likely have learnt from an early age (infancy) that the demonstration of negative emotions such as anger, sadness or distress should be minimised or avoided in order to maintain proximity with his mother, the primary caregiver. If these emotions are not minimised, the child learns that the caregiver is dysregulated and becomes rejecting and punitive.

As mentioned, the researcher was surprised that the mother had scored fairly highly in the Caregiving Questionnaire in the factors showing a controlling (either caregiving or punitive) orientation in relationship with the child. The researcher's hypothesis, originally, was that the mother would identify Tom according to the questionnaire as being frightening to the mother and being frightened by the mother. However, this was not the predominant finding. The main dynamic between Sue and Tom seems to be one in which Tom attempts to control his mother.

Other data, which will be discussed later in greater detail, shows Tom's controlling orientation to be confirmed. This further indicates that in order to be in relationship, he has constricted negative affect and has become more attuned to the mother's need for him to 'care' for her. In order to understand the complexity of this concept, a brief hypothesis in terms of the apparent dynamics of this relationship will be offered. As the literature survey has shown, a child's primary goal is to maintain attachment with a caregiver. The way in which the caregiver responds to the child, especially in the experience of emotion, becomes the platform on which their relationship is built. The child learns that a specific type of expression of emotion is met with a positive, adverse, or

absent, response from the mother (Cassidy, 1994). Therefore, the child will either minimise or maximise whichever emotion, or lack thereof, elicits interaction with the caregiver. In this way, the child attempts (at a rudimentary level) to control the direction of the relationship, as well as the interaction with the caregiver through maximising or minimising certain behaviours and emotions.

As explained, the child can either become punitive and aggressive, which engages the mother negatively, or can attempt to keep the mother pacified by behaving in ways that will keep her calm. Sue scored highly in the Caregiving Questionnaire on items demonstrating her need for Tom to take care of her, and she also showed a dependent orientation in the Rorschach data. Therefore, it is plausible to assume that she requires Tom to take a more caregiving and dominant role in their relationship, as she cannot do so herself. However, his mother has never allowed for Tom to show the opposite of negative affect, e.g. clinging behaviours. Tom has learnt that any heightening of emotion brings mother's disapproval, and so he responds at times by attempting to minimise all experience of emotion. He, therefore, represses emotions that may cause his mother to lose control of her behaviour. However, due to the nature of Sue's personality organisation, the pattern of Tom's avoidance does not always ensure a consistent response from her, which leaves Tom in a predicament. Both of these assumptions can be seen in the Rorschach data in which Tom's FC is elevated, and both his and his mother's behaviour becomes maladaptive when in ambiguous, threatening and stressful circumstances. This has left him in a position in which his mother responds to him in an inconsistent manner, and he responds to her in an inconsistent manner.

The difficulty, of course, arises in this inconsistency in Sue's responses to Tom, as this is developmentally detrimental to Tom. As the Rorschach data has shown, both the mother and Tom are inconsistent in their behaviour in situations in which there is ambiguity or in which they experience anxiety. These emotional intrusions become dysregulating, and the previous strategies of behaviour are no longer effective. In this way, the organising strategy of

avoidance does not always bring a predictable or consistent response in creating homeostasis in the relationship, and this is the mechanism by which the attachment system enters disorganisation. This is particularly obvious in this dyad, in which Sue has a predisposition to depression and affective disturbances. As the research has shown, the presence of depression in the mother has major implications for the quality of the attachment relationship, as she will be totally misattuned to his needs (George & Solomon, 1999). Her emotional absence, coupled with her swinging on the pendulum of emotional disruption, as well as an inability to modulate emotion, will all have had a significant impact on her ability to form an affective bond or an affective form of communication with him. Most salient, however, is that Sue therefore is not consistent in her emotional discharges or in what she requires on an emotional level from Tom. As shown by George and Solomon (1999), in the first two years of life, the child attempts to maintain the attachment bond through organising his/her behaviour according to the mother's response to it. This strategy is one that the child will continue to employ throughout development; however, as soon as it is met by contradictory responses from the mother, the strategy disorganises and becomes inconsistent. It is possible, then, to determine within the insecure attachment patterns, which strategy is most dominantly used, albeit one that disorganises. Based on the literature, Rorschach data and clinical observations, it appears as if Tom is best described by the disorganised – avoidant subgroup of attachment (Lyons-Ruth, 1994) in which avoidance remains the primary mechanism by which the child will try to remain in relationship with the mother, as the child learns that it brings some semblance of security, predictability and connection with the caregiver on some occasions. In middle childhood, this disorganised-avoidant strategy begins to develop further due to the child's cognitive maturity, and these patterns are reorganised into a 'controlling attachment strategy' (Lyons-Ruth as cited in George & Solomon, p. 34, 1999).

The beginning of the re-organisation of attachment behaviour normally occurs at around the age of six. Therefore, it is plausible to assume that this process is one that Tom is currently undergoing. He will have learnt that his mother's responses are inconsistent, and so he will sacrifice his own needs for security,

safety and nurturance into maintaining connection with the parent on the parent's terms (George & Solomon, 1999). His denial of his own needs and a frustration of the gratification of needs is shown in the Rorschach with an elevated FM variable, which would confirm this hypothesis. Therefore, emotions are processed in a manner that the child deems most acceptable to the parent. However, these strategies still do not guarantee consistent proximity to the parent, and so the attachment system remains largely disorganised.

It is difficult to determine exactly which pattern of controlling behaviour Tom has incorporated. His mother shows a strong dependent orientation through the Rorschach data, and clinical observations have shown how she depends on Tom in their interaction. In the Caregiving Helplessness Questionnaire, she also indicated that Tom takes care of her at times, and is placed in a position in which he provides caregiving to his mother, the stereotypical role-reversal pattern. However, we know that his behaviour just prior to his admission was one in which the controlling-punitive range of behaviour was most dominant, with him chasing his mother with a knife. The hypothesis then arises that she may show a dependent orientation towards Tom, which places him in the caregiving role. However, his mother does not always permit him to remain in that role. It seems as if Sue's negative intrusive behaviour increases at times when she may begin to feel out of control, anxious or when affective disturbance is most prevalent. These are most likely the instances in which she abuses him physically. There may also be times in which the defences of fantasy, disconnection from reality and denial are no longer sufficient. It is likely that Sue will be less in control of her emotions during these times and may act on emotional turmoil, making her explosive and therefore abusive. This type of behaviour may also occur when she feels that Tom is not taking care of her or her needs in a satisfactory manner. It is then possible that Sue's dependence on others for recognition and acceptance cannot always be provided by her son – which disorganises her behaviour.

The relationship therefore seems to be one in which Tom has sacrificed his own needs and has learnt to minimise his emotions, as well as take care of his mother in order to be in relationship with her. However, Sue has times when

she loses touch with reality and times when she is vulnerable to affective disturbance and negative intrusive behaviour. It seems as if these are the times when Tom is beaten severely by her. It is possible that his behaviour, when chasing her with a knife, was a form of protection, or an inability to constrict his extreme rage towards her for the way in which she has treated him.

When further considering the nature of his behaviour within the school context more carefully, it is clear that he was not 'misbehaving' as much as he was showing bizarre behaviour. According to the history, the behaviour towards his mother just prior to admission was unusual for Tom, as he was usually fairly 'compliant' and described by his mother as being a 'normale seuntjie'. Therefore, it may also be helpful to consider the role of his cognitive processing when understanding his behaviour.

The Rorschach has shown that Tom shows significant mediational impairment in that the basic ingredient for reality testing seems to be impaired. As discussed, he shows significant ideational activity, of a less severe form, which is disturbing his thinking and ability for reality testing. This ideational activity is being caused by an excess of unmet needs, and is disrupting his ability for logical thought, concentration and attention. Of interest, however, is that one of the main causes for the significant deterioration in Tom's logical thought, according to the Comprehensive System, is attributed to these ungratified needs (FM), and that the more pervasive these unmet needs become, the more the situation will impact on his clarity of thinking. His thought patterns contain bizarre elements, and the deterioration of thought clarity will have a direct impact on his behaviour.

However, it is not only Tom's cognitive triad that is of concern. Sue shows patterns of thinking that lack mediational clarity in situations that are ambiguous, and there will be times when she will have a major breakdown of cognitive operations. Due to the fact that she has an introversive-avoidant style, she will rely more on internal evaluations of situations than external feedback. This becomes concerning as her internal state is clearly one in which there is not an adequate ability for clarity of thinking. Therefore, this orientation to

decision-making will further decrease her ability to make sound judgements and to behave accordingly.

Her use of fantasy, denial and intellectualisation means that she will distort environmental stimuli and will therefore respond in an inadequate manner. The use of fantasy is particularly concerning, as this suggests that Sue often loses touch with reality and substitutes fantasy for reality. Even in situations that are more clearly defined, she may still demonstrate behaviour that is maladaptive, as she will see the meeting of her own needs as being far more important than social convention. There was also a high level of bizarre content in Sue's responses. However, the bizarre nature of this thinking was most ubiquitous with responses containing interpersonal content. It was in these responses that she showed a symbiotic orientation.

Not only is there dysfunction in both Tom and Sue's ability for reality testing, but both show difficulty in control and stress tolerance, adding to their difficulty in modifying behaviour. Although both of them are more prone to becoming dysregulated through everyday life stressors, Tom shows the most chronic state of stress overload at present, and is more likely to become disorganised and fragmented in situations that are highly stressful. Therefore, he is not able to tolerate stress, anxiety and ambiguity in his environment for extended periods.

The extent to which Tom displays disturbance in his cognitive triad is concerning. According to Holaday (2000), the experience of trauma in a child's life has a significant influence on their thought processes, as shown by the Rorschach protocols of adolescents and children diagnosed with PTSD. The Perceptual Thinking Index showed the most disturbance in this sample. Geonjian (1996) as cited in Holaday (2000) states that children who have been through a traumatic experience show the following characteristics:

1. Severe cognitive problems;
2. Disruption in the maturation of emotional regulation and the ability to process and experience affect;

3. Retarded or accelerated establishment of dependent and independent behaviours with regard to family members;
4. Disturbances in the ability to form and maintain peer relationships due to their tendency to misread social cues;
5. Memory disruptions and intrusive fantasies;
6. Loss of self esteem.

When reviewing Tom's developmental attachment history and the abusive nature of the relationship he has with his mother, the symptoms he presented on admission, and the data discussed, it is clear that the trauma is having a direct impact on him. This is most likely due to the fact that disorganised attachment in itself stems from trauma – whether it is the loss of an attachment figure or a relationship in which the caregiver is abusive, absent or inconsistent. Disorganised attachment, by definition, is trauma-based due to the mechanism of extreme fear of the caregiver (Main and Hesse, 1998).

All six of the criteria discussed above are valid in Tom's case and can be explained by his history and the theories discussed throughout this dissertation. According to Inhelder (1968), Jacobsen et al (1994), and Jacobsen (1994), children who have come from relationships characterised by disorganised attachment, show a major disruption in thought and cognitive processes. This delay in cognitive processing as well as clarity of thought has been shown to persist through longitudinal studies up until the age of 17. This is due to the fact that the children (who become adolescents and adults) have developed in an environment in which it has not been safe to explore and therefore develop cognitive capacity. Furthermore, their environments become unpredictable and frightening, translating into a hypervigilance and perception of reality that is not always accurate. This is due to the fact that trauma, especially trauma based in the family home, has a direct impact on the child's belief that their world and environment is dependable and predictable, and that people follow logical, rational and fair rules of behaviour, reward and punishment. When this belief is disturbed, the child's world becomes one that is illogical, irrational and confusing.

Therefore, reality is not experienced in the same way, and the child begins to interpret reality as one in which they are in danger and should expect to be hurt (Holaday, 2000). As Viglione (1990) stated, children seem to respond more extremely to environmental stress, and regress to a deeper level than that of adults in similar circumstances. However, a positive PTI does not necessarily reflect that the child is psychotic per se, but rather that there is a significant thought disturbance that may, or may not, cause the child to lose touch with reality at times (Smith, 2001).

The question then arises about why the mother, psychologically, seems to show less pathology at present than her son in that his thought processes are more incoherent and he is under more chronic stress overload. Furthermore, Tom's experience of being in relationship with his mother is a traumatic and frightening one. This would suggest that Tom is experiencing much more trauma than his mother within this relationship at present, which may indicate why his cognitive triad is so extremely affected. The difference between the mother and son is also seen with the fact that she shows a dependence orientation that is not present in Tom's responses, which would indicate that the mother's dependence on Tom is far greater than his dependence on her. Considering that Tom is a child, and a young child at that, it is disturbing to see that there is this extent of role reversal present.

It is then plausible to assume that Tom has been placed in a position in which he routinely is expected to fulfil a controlling-caregiving role. However, at times when he is faced with his mother's affective outbursts and loss of contact with reality, he is in danger of being beaten or emotionally attacked. The situation becomes unpredictable and ambiguous and his thought processes become more dysregulated. He reacts against the threat of being hurt by protecting himself through bizarre behaviour e.g. chasing his mother with a knife. This can be seen as self-preservation and perhaps an effort to control the environment by becoming frightening towards the mother instead of the mother becoming frightening towards him. This is congruent with attachment theories and with the pattern of disorganised attachment, as previously discussed.

Although the main hypotheses were centred on disruption in the affect cluster, the data shows that, although there is disruption in this cluster, the cognitive triad has been shown to be as, if not more, important for this specific case. This would be an interesting finding to explore in later studies.

Of further interest in this comparison is the data available for the interpersonal cluster. Both Tom and Sue show a considerable disruption in interpersonal relationships and interpersonal perception. This finding is of concern, particularly for Tom, as he is only eight years old, and normally children of this age show far more GHR than PHR. Although we cannot with certainty say that the mother-child relationship is solely responsible for the elevated PHR, Tom's PHR is only based on his lifespan of eight years, which leaves us with few possibilities when considering the relationships on which this score may be based. As explained, the relationship with the primary caregiver is the agent by which the internal working model (IWM) is formed, and it is through this IWM that subsequent relationships are interpreted. Therefore, Tom's perception of people, as well as his distrust of and discomfort in interpersonal relationships, is most likely largely influenced by his relationship with his mother. The mother's life has also been characterised by tumultuous interpersonal relationships, also characterised by pain and conflict. This is not an unusual finding for this dyad, as the data shows strong support for an intergenerational transmission of attachment behaviour based on the mother's own experience of being in relationship (Bowlby, 1969).

Naturally, Sue's IWM of self and other will have informed the way in which she interacts with Tom. Due to the fact that her models of other are based on negativity and pain, it will be difficult for her to break that pattern of 'normality' and be in relationship in an adaptive manner. She most likely does not believe that she is capable of being in a relationship in which she is validated and appreciated, due to her IWM of self and other. Nor is she familiar with being in a relationship in which she validates another person. This may provide more information regarding her symbiotic and dependent orientation in relationships in which she still has the desperate and unmet need for her own nurturance and authentication. Therefore, her interpersonal and interactional style with

Tom will be one in which she is dependent and symbiotic, but can also be aggressive and intrusive, as shown in the other data.

Unless Tom has a corrective emotional experience in which he can amend the IWM of self and other that has already formed, he is at risk for pervasive interpersonal dissatisfaction and inconsistency. He already shows symptoms of being withdrawn in interpersonal exchanges that involve touch and physical contact. This is most likely due to the fact that he may not have had the experience of nurturing physical touch, because most of the physical contact he has from his mother is of a disciplinary nature. This shows the salience of treating both the mother and child due to the cyclical nature of the relationship.

As discussed, Tom's thought processes become more incoherent and his mediational activity more disturbed the more prevalent his unmet need states are. His inability to recognise his environment as a safe one in which he can freely explore and gain knowledge has a direct impact on his ability for coherent thought, as he is preoccupied with remaining safe from his mother's outbursts. His perception of the exterior world has therefore also been affected, in that he is hypervigilant to any source of danger and misreads external cues and stimuli in his efforts at self-preservation. His ability for stress and control tolerance will subsequently deteriorate, and he will be left in the situation (as shown on admission) in which he is in a state of chronic overload. When reviewing Sue's data, the more her needs are met, and the more symbiotic and dependent she is, the more 'contained' her behaviour becomes. Could it then be plausible to assume that the 'healthier' Sue is, the less 'healthy' Tom becomes as he acts as the vessel for his mother's sanity?

In conclusion, the Rorschach data suggests that Tom constricts his emotion, as he has learnt that this is a mechanism by which he can perhaps still maintain some level of contact/attachment bond with his mother, as seen in a disorganised-avoidant pattern. This is not always possible to maintain though, especially in instances in which his mother is punitive or harsh, and it may be during these times that his behaviour disorganises. As seen in the Rorschach data, Tom's control cluster shows that he has difficulty in controlling his actions,

emotions and behaviours, which is most likely the mechanism responsible for behavioural discharge at times.

The data we have discussed suggests that Tom is currently showing signs of deterioration in functioning. Although he shows an avoidant style in defending against his environment, this defensive operation seems to be redundant. His stress levels are higher, he constricts emotion and he has a low regard for self and other. Furthermore, his thought processes have become increasingly disorganised as his environment becomes increasingly threatening. Tom's thought fragmentation seems to be more severe at present due to the fact that he seems to bear the brunt of his mother's maladaptive behaviour and acts as a container for her.

The development of his ego is subsequently, and not surprisingly, immature. In an environment such as his in which there are chaotic familial relationships as well as inconsistency and turmoil, it is plausible to assume that his ego will either remain underdeveloped or is at risk for further disorganisation and fragmentation. This would be an important feature to consider when planning psychotherapeutic interventions, as the re-integration, formation and continuing development of ego functions is vital to his long-term prognosis and functioning.

It seems as if the mother deals with her own internal turmoil and instability through affective, behavioural and cognitive discharges on her child in an effort to preserve her own sanity. Furthermore, she has placed him in a role in which she is dependent on him, making him fulfil a caregiving role. There has not been an adequate process of separation-individuation, and the mother's responses indicated the presence of aggressive need for her own needs to be met as well as for symbiosis and dependence.

The result is a seemingly higher level of functioning for the mother than that of the child, as Tom has become the 'sacrificial lamb', the 'identified patient', 'a narcissistic extension of self' and the agent of catharsis for the mother. It is almost as if Tom contains his mother's maladjustment in order to keep her functioning. The relationship is therefore clearly pathological, and Tom's

symptoms can be understood in this light. However, the mother has her own history of pain and turmoil, which cannot be ignored or subdued. This dyad is operating in a cyclic manner in which both of their behaviour affects the other person in an unconstructive way. For there to be any hope of restoration of the relationship, as well as treating Tom, the dyad will have to be treated as a unit to address the complex facets of the relationship that have been indicated by this data.

CHAPTER SIX

SUMMARY OF FINDINGS AND CONCLUSION

The data and literature discussed throughout this dissertation has continually demonstrated the correlation with the theories of disorganised attachment, as well as the manner in which this particular dyad is functioning within that pattern of attachment. In summary, it is helpful to track all the findings provided from the history, clinical data, clinical observations and impressions, the MIM, the DAP and KFD, as well as the team impressions and observations by the audience presented with the drawings. Therefore, below is a summary from the literature survey regarding characteristics that can be expected in this pattern of attachment, and the level of these that is presented in the dyad.

<u>GENERAL FINDINGS</u>	
Frightening Behaviour towards the child that is pervasive and lacks reparation (Lyons-Ruth & Jacobsen, 1999)	<i>Clinical History</i> <i>Caregiving Questionnaire</i> <i>Collateral Information</i> <i>Clinical observations of interaction</i> <i>MIM data</i>
Behaviour indicating that the caregiver as a haven of safety has become frightening to the child (Hesse & Main, 2000)	<i>Clinical History</i> <i>Caregiving Questionnaire</i> <i>Collateral Information</i> <i>Clinical observations of interaction</i> <i>MIM data</i>
A history of abuse of the child (Main & Hesse, 2000)	<i>Clinical History</i> <i>Collateral Information</i> <i>Medical examination on admission showing signs of physical abuse</i> <i>Report from School and Social Work</i>
Failure of the mother to provide the child with reassurance when distressed (George & Solomon, 1999)	<i>Collateral Information</i> <i>Caregiving Questionnaire</i> <i>Clinical Observations</i> <i>MIM data</i>



<p>A maternal history of depression, trauma, abuse or loss (Hesse & Main, 2000)</p>	<p><i>Collateral Information</i></p>
<p>A significant impairment of the mother to engage in affective communication with the child (Hann, et al, 1991)</p>	<p><i>Clinical History</i> <i>Caregiving Questionnaire</i> <i>Clinical Observations</i> <i>MIM data</i> <i>Rorschach Data</i></p>
<p>Mother who is not emotionally available (Lyons-Ruth et al, 1996)</p>	<p><i>Clinical Observations</i> <i>MIM Data</i> <i>Rorschach Data</i></p>
<p>Loss of child's self-esteem and reduction in ability to perform cognitive functions (Inhelder, 1968)</p>	<p><i>Rorschach Data</i> <i>Clinical History</i> <i>Report from School and Social Worker</i></p>
<p>Controlling behaviour from the child in middle childhood of a controlling-caregiving or controlling-punitive nature (George & Solomon, 1999)</p>	<p><i>Rorschach Data</i> <i>Caregiving Questionnaire</i> <i>Clinical Observations</i> <i>Collateral Information</i> <i>Clinical History</i></p>
<p>Child shows agitation and poor concentration as well as inhibition in environmental-exploratory activity (Jacobsen et al, 1994)</p>	<p><i>Rorschach Data</i> <i>Report from School and Social Worker</i> <i>Clinical Observations</i></p>
<p>The child's significant inability to adjust to and perform within the school context (Granot et al, 2001)</p>	<p><i>Report from School and Social Worker</i> <i>Rorschach Data applied</i> <i>Clinical History</i></p>
<p>Child and mother's noticeably low appraisal of interpersonal relationships and subsequently unstable and erratic relationships (Booth-Force et al, 2006)</p>	<p><i>Rorschach Data</i> <i>Clinical Data</i> <i>Clinical Observations</i></p>



Higher levels of aggressive play for children with disorganised attachment (Goldberg, 2000)	<i>Report from School and Social Worker</i> <i>Collateral Information (Mother)</i> <i>Rorschach showed maladaptive interpersonal behaviour</i>
The presence of child's different styles of attachment with different attachment figure i.e. the behaviour is not found in all settings but most prevalent with specific attachment figure (Fonagy, 2004)	<i>Behaviour changes when removed from the mother</i> <i>Child shows good relationships and attachment with maternal aunt and uncle</i> <i>Child shows good relationships with social worker and teachers</i>
<u>DISORGANISED ATTACHMENT CORRELATES ACCORDING TO GEORGE AND SOLOMON, 2007.</u>	
Intrusive and hostile behaviour from mother to child	<i>Caregiving Questionnaire</i> <i>Collateral Information</i> <i>School and social work report</i> <i>Clinical Observations</i>
An element of role reversal present in the relationship	<i>Caregiving Questionnaire</i> <i>Rorschach Data</i> <i>Clinical Observations</i> <i>MIM</i>
Breakdown in interactive communication	<i>Rorschach Data</i> <i>Clinical Observations</i> <i>MIM</i> <i>Caregiving Questionnaire</i>
Presence of marital conflict or dissatisfaction	<i>Clinical History</i> <i>Collateral Information</i>
Mother does not feel emotionally close to the child	<i>Clinical History</i> <i>School and Social Work Report</i> <i>Clinical Observations</i> <i>MIM</i>



Mother has feelings of helplessness and loss of control in the relationship	<i>Caregiving Questionnaire</i> <i>Rorschach Data</i>
<u>FIVE PRIMARY DISRUPTIONS IN DISORGANISED ATTACHMENT (LYONS-RUTH 1999)</u>	
1. Parental Withdrawal	<i>Clinical History</i> <i>School and Social Work Report</i> <i>MIM</i> <i>Clinical Observations</i>
2. Negative Intrusion	<i>Rorschach Data</i> <i>Clinical History</i> <i>MIM</i> <i>Clinical Observations</i>
3. Role Confusion	<i>Caregiving Questionnaire</i> <i>Rorschach Data</i> <i>Clinical History</i> <i>MIM</i> <i>Clinical Observations</i>
4. Disorientated responses	<i>Rorschach Data</i> <i>Clinical History</i> <i>MIM</i> <i>Clinical Observations</i>
5. Failure to respond to the child's needs	<i>Caregiving Questionnaire</i> <i>Rorschach Data</i> <i>Clinical History</i>



	<i>School and Social Work Report</i> <i>MIM</i> <i>Clinical Observations</i>
Greater internalising and externalising behaviour presented by child (Lyons-Ruth, 1999)	<i>Caregiving Questionnaire</i> <i>Rorschach Data</i> <i>Clinical History</i> <i>School and Social Work Report</i> <i>Clinical Observations</i>
Higher presence of aggressive, oppositional and defiant behaviour from the child (Lyons-Ruth, 1999)	<i>Rorschach Data</i> <i>Clinical History</i> <i>School and Social Work Report</i>
Mother's inability to co-regulate the child's emotional state (Schore, 2000)	<i>Caregiving Questionnaire</i> <i>Rorschach Data</i> <i>Clinical History</i> <i>MIM</i> <i>Clinical Observations</i>
Mother's inability to maximise positive emotions and minimise negative emotions (Schore, 2000)	<i>Applied Rorschach Data</i> <i>Clinical History</i> <i>MIM</i> <i>Clinical Observations</i>
The child and mother's obvious and pervasive difficulty in regulating, processing and modulating emotion (Thompson, 1994)	<i>Caregiving Questionnaire</i> <i>Rorschach Data</i> <i>Clinical History</i> <i>MIM</i> <i>Clinical Observations</i>
Mother's difficulty in buffering the child's distressing emotions (Thompson, 1994)	<i>Caregiving Questionnaire</i> <i>Applied Rorschach Data</i> <i>Clinical History</i>



	<i>MIM</i> <i>Clinical Observations</i>
Lack of mother-child attunement (Stern, 1985)	<i>Applied Rorschach Data</i> <i>Clinical History</i> <i>School and Social Work Report</i> <i>MIM</i> <i>Clinical Observations</i>
The minimising and avoidance of emotion by the child in order to maintain attachment relationship (Main & Solomon, 1994)	<i>Rorschach Data</i> <i>MIM</i> <i>Clinical History</i> <i>Clinical Observations</i>
Child's displays of autonomy discouraged (Cassidy, 1994)	<i>Caregiving Questionnaire</i> <i>Clinical History</i> <i>MIM</i> <i>Clinical Observations</i>
<u>DAP FINDINGS ACCORDING TO MADIGAN ET AL (2005)</u>	
Bizarre details in the drawing	<i>Present according to Researcher</i> <i>Present according to Audience</i>
Indications of negative affect	<i>Present according to Researcher</i> <i>Present according to Audience</i>
Depictions of anger and fear	<i>Present according to Researcher</i> <i>Present according to Audience</i>
More display of dysfunction	<i>Present according to Researcher</i> <i>Present according to Audience</i>
Evocation of less positive emotional labels	<i>Present according to Researcher</i> <i>Present according to Audience</i>

FINAL DISCUSSION

This study has attempted to consider the psychological structure and functioning of a mother-child dyad that is currently characterised by disorganised attachment. The literature, clinical observations, clinical history, DAP, KFD, MIM and the Rorschach have provided information about the attachment behaviour presented in this dyad and the subsequent effect it is having on the mother and child relationship.

In terms of affect regulation, which was the main focus of this study, we have seen some remarkable trends. Both the mother and child show a strong proclivity for avoidance according to the Rorschach. The mother has been consistently unable to provide the child with affective forms of communication or affective demonstrations. Instead, she has alternated her behaviour between a dependent orientation, in which there is clear role-reversal, to one in which her ability to control behavioural outbursts wavers, leading to intrusive and abusive behaviour. The mother shows all affective disturbances discussed by Lyons-Ruth (1999), in which there is parental withdrawal, negative intrusion, role-reversal, disorientated responses and a failure of attunement to the child's needs. The child has subsequently learnt that the way in which he can best maintain the attachment relationship with his mother is by constricting the display of emotion. However, there are times in which his ability to contain his emotion, and the demands his mother places on him, wavers, and his behaviour dysregulates.

Unfortunately, the prolonged exposure to this environment and relationship has had a significant effect on Tom, and he is currently in a state of stress overload. His ability for coherent and logical thought processes has deteriorated greatly, most likely due to the constant ambiguity and frightening nature of the interaction he has with his mother. One of the most important pieces of information about this dyad is the fact that Tom's behaviour is significantly different when he is removed from his mother. This has been one of the formative influences in this study, as it indicates that the pathology seen in the child's behaviour is restricted to times when he is with his mother. This indicates

that the mother-child relationship serves as a catalyst for his pathological behaviour, which is why much of the behaviour has been attributed to the interaction present in the mother-child relationship.

This being said, the function of this study was not to place the blame on the mother. From her history and the depiction of her current psychological functioning, it is plainly clear that her own life has been one in which there has been a plethora of painful and disorganising events. Her development has therefore also taken place within a specific environment that has been disorganising and tumultuous. The point is the effect that her functioning has on her son and the effect that her son's behaviour has on her. From the information available, it is clear that this relationship is one in which both parties trigger maladaptive behaviour in the other person. In order for there to be any improvement in the child's behaviour, it becomes increasingly obvious that both the mother and the child will need to be treated.

The temperamental, biological, physiological, interpersonal, psychological and environmental facets of this case interact to produce a mother-child relationship that is characterized by disorganised attachment. This study has shown that it is possible for the parents' own attachment experiences to inform the manner in which they attach to their own children.

Therefore, pathology present in this dyad is cyclical and based within patterns of relationship that have become reflective of underlying attachment orientations, life experiences, internal working models of self and other, as well as patterns of affective regulation. It is anticipated that therapeutic interventions based on the mother's attachment orientation, past painful events and her relationship with her son may serve as a correctional emotional experience. Tom's treatment will be informed by the same factors, as well as an emphasis on learnt patterns of affective regulation and the presence of disorganised thought processes.

In order for this dyad to be treated optimally, individual treatment will have to be combined with a systemic approach to the interventions in order to address patterns that are manifest in this particular style of interaction.

REFERENCES

Ainsworth, M., Blehar, M., Waters, E., Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. New Jersey: Lawrence Erlbaum Associates.

Babbie, E. (2005). *The Basics of Social Research*. Wadsworth: Canada.

Baker, E., Beech, A., & Tyson, M. (2006). Attachment Disorganisation and its relevance to Sexual Offending. *Journal of Family Violence*, Vol. 21, 3.

Berant, E., Mikulincer, M., Shaver, P., & Segal, Y. (2005). Rorschach correlates of self-reported attachment dimensions: dynamic manifestations of hyperactivating and deactivating strategies. *Journal of Personality Assessment*, 84(1). 70 -81.

Bowlby, J. (1969). *Attachment and Loss (Volume 1)*. London: Random House.

Bowlby, J. (1973). *Attachment and Loss: Separation, Anger and Anxiety (Volume 2)*. London: Random House.

Cassidy, J. (1994). Emotion Regulation : Influence of attachment relationships. *Monographs of the Society for Research in Child Development*, Vol 59, no 2/3.

Dozier, M. , Stovall, K.C. , Albus, K. (1999). Attachment and psychopathology in adulthood. In Cassidy, J., & Shaver, P.R. (Eds). *Handbook of Attachment, Theory and Research*. Guilford: New York.

Easterbrooks, A. M., Lyons-Ruth, K., Biesecker, G., & Carper, A. (1996). Infancy predictors of emotional availability in childhood: the role of attachment and maternal depression. In J Robinson (Chair), emotional availability in mother-child dyads: predictors across development and risk status. Symposium conducted at the International Conference on Infant Studies, Providence, RI.

Exner, J. E. (2003). *The Rorschach: A Comprehensive System (Fourth ed)*. New Jersey : John Wiley and Sons.

Field, T. (1994). The effects on mother's physical and emotional unavailability on emotion regulation. *Monographs of the society in research for child development*. Vol 59, 2/3.

Fonagy, P., Steele, M., & Target, M. (1995). Attachment, the reflective self and borderline states. In Goldberg, Muir, Kerr – *Attachment theory: social development and clinical perspectives*. Karnac : London.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2004). Affect regulation, mentalization and the development of the self. Karnac : London

Fonagy, P., & Target, M. (1997). Attachment and reflective function: their role in self-organisation. *Developmental psychopathology*. 9: 679-700.

George, C. and Solomon, J (2007, in preparation). Disorganised attachment and caregiving: *Dysregulated caregiving*. Chapter in preparation for J. Solomon & C. George (Eds). *Disorganisation of Attachment and Caregiving*. New York: Guilford Publications.

George, C. and Solomon, J. (2007, in press). Dysregulation of caregiving across two generations. To appear in: J. Solomon and C. George (Eds.), *Attachment disorganisation and caregiving*. New York: Guilford Press.

George, C. and Solomon, J. (2007, in press). Maternal helplessness and caregiving dysregulation. To appear in: J. Solomon and C. George (Eds.), *Attachment disorganisation and caregiving*. New York: Guilford Press.

Goldberg, S. (2000). *Attachment and development*. London: Arnold

Granot, D., & Maysel, O. (2001). Attachment security and adjustment to school in middle childhood. *International Journal of Behavioural Development* 25 (6), 530 – 541.

Greenberg, M. (1999). Attachment and Psychopathology in Childhood. In Cassidy, J. and Shaver, P.R. (Eds). *Handbook of Attachment, Theory and Research*. Guilford: New York.

Hann, D. M., Castino, R. J., Jaroninski, J., & Britton, H. (1991). Relating mother-toddler negotiation patterns to infant attachment and maternal depression with an adolescent mother sample. In J. Osofsky & L. Hubb Tait (Chairs), *Consequences of adolescent parenting: predicting behaviour problems in toddlers and preschoolers*. Symposium conducted at biennial meeting of the Society for Research in Child Development, Seattle, WA.

Holaday, M. (2000). Rorschach protocols from children and adolescents who have been diagnosed with post traumatic stress disorder. *Journal of Personality Assessment* 75(1).

Inhelder, B. (1968). *The diagnosis of reasoning in the mentally retarded*. New York: Chandler

Jacobsen, T., Edelstein, W., & Hofmann, V. (1994). A longitudinal study of the relation between representations of attachment in childhood and cognitive functioning in childhood and adolescence. *Developmental psychology*. Vol 30, No1. 112 – 124

Kaplan, N., & Main M. (1984, 1986) Assessment of attachment organisation through children's family drawings. Unpublished manuscript, Department of Psychology, University of California, Berkely.

Kerns, K. A., & Richardson, R. A. (2005). *Attachment in middle childhood*. New York: Guilford Press

- Lyons-Ruth, K. (1996). Attachment relationships among children with aggressive behaviour problems : The role of disorganised early attachment Patterns. *Journal of Clinical and Counselling Psychology*, 64(1), 64-73.
- Lyons-Ruth, K., & Jacovits, D. (1999) Attachment disorganisation: unresolved loss, relational violence and lapses in behavioural and attentional strategies (p. 520 – 554). In Cassidy, J., & Shaver, P.R. (eds.), *Handbook of Attachment: Theory, Research and Clinical Applications*. New York: The Guilford Press
- Lyons-Ruth, K., Alpern, L., & Repacholi, B. (1993). Disorganised infant attachment classification and maternal psychosocial problems as predictors of hostile-aggressive behaviour in the preschool classroom. *Child development* , Vol 64.
- Lyons-Ruth, K., Bronfman, E., & Atwood, G. (1999). A relational-diathesis model of hostile-helpless states of mind (Chapter 2). Solomon, J. & George, C (Eds). *Attachment Disorganisation (1999)*. The Guilford Press, New York.
- Maier, M.A., Bernier, A., Pekrun, R., Zimmerman, P., Strasser, K., & Grossmann, K.E. (2005). Attachment state of mind and perceptual processing of emotional stimuli. *Attachment and Human Development*, 7(1): 67 – 81.
- Main, M., & Cassidy, J. (1988). Categories of response to reunion with the parent at age six : predicated from infant attachment classification and stability over a one-month period. *Developmental Psychology*, 24: 415 – 426
- Main, M., & Hesse, E. (1992, 1998) Frightening, frightened, dissociated, deferential, sexualised and disorganised parental behaviour: a coding system for frightening parent-infant interactions. Unpublished manuscript, University of Berekely, California.
- Moelis, M., Wright, D., & Fischer, S. (1978). The symbiosis scale: Rorschach Inkblot responses from children from symbiotically and non-symbiotically orientated families. *Journal of Personality Assessment* 4 (3).
- Piaget, J. (1981). *Intelligence and affectivity: Their relationship during child development*. Palo Alto, CA: Annual review.
- Schore, A. (2000). Attachment and the regulation of the right brain. *Attachment and Human Development*. Vol 2 (1).
- Schore, A. (2001). The effects of relational trauma on right brain development, affect regulation and infant mental health. *Journal of Infant Mental Health*, 22 (201-269).
- Smith, S., Baity, M., Knowles, E., & Hilsenroth,M. (2001). Assessment of disordered thinking in children and adolescents: The Rorschach perceptual thinking index. *Journal of Personality Assessment* 77 (3).
- Solomon, J., George, C. (1999). *Attachment Disorganisation*. New York: The Guilford Press.

Stern, D. N. (1985). *The interpersonal world of the infant: a view from psychoanalysis and developmental psychology*. New York: Basic

Struwig, F.W., & Stead, G.B. (2001). *Planning, designing and reporting research*. Cape Town: Masker Miller Longman

Thompson, R. (1994). Emotion regulation : A theme in search of definition. *Monographs of the society for research in child development*, Vol. 59, no 2/3.

Viglione, D. (1990). Severe disturbance or trauma-induced adaptive reaction: a Rorschach child case study. *Journal of Personality Assessment*. 55 (1&2).

Wartner, U.G., Grossman, K., Fremmer-Bombik, E., & Suess, G. (1994). Attachment patterns at age 6 in south germany: predictability from infancy and implications for preschool behaviour. *Child Development*, 65, 1014 – 1027.

Weiner, I.B. (1992). *Psychodiagnostics in schizophrenia*. Mahwah: Erlbaum Associates.

Whitely, B. E. (2002). *Principles of research in behavioural science*. New York : McGraw – Hill.